DOCUMENT RESUME

ED 115 872 CE 005 710

TITLE	Fall Department Head Report--Reporting Booklet 2.0 to the Massachusetts Division of Occupational Education (Fiscal Year Ending June 30, 1975) for the Practical Nursing Program.
INSTITUTION	Management and Information System for Occupational Education, Winchester, Mass.
SPONS AGENCY	Massachusetts State Dept. of Education, Boston. Div. of Occupational Education.
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IDENTIFIERS	Census Data System; *Management Information System Occupational Educa; MISOE; Terminal Performance Objectives: TERMOBS

ABSTRACT

The reporting booklet is required for the Census Data System (CDS) of the Management Information System for Occupational Education (MISOE); it contains the reporting forms which collect data that describe program structure and job-entry skill outcomes expected of program completors in the individual occupational education area of practical nursing. Utilization of instructional area is also determined. This booklet contains the terminal performance objectives (TERMOBS) for this program area. They are actually the forms by which the skills of program completors are reported by department heads. CDS, one of two major subsystems of the integrated management information system, was developed to provide occupational education managers with comprehensive data on which to base rational management decisions. Essentially, CDS contains descriptive information systematically structured in a manner which allows it to be used as a basis for sampling evaluative research studies. CDS collects and stores census data for all school systems offering occupational education programs, including all data formerly collected by the Annual Federal Report for Occupational Information, except followup data. (Author/AJ)

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ED115872

Misoe Number | Due Date

Name of School System | System ID No.

Name of School | School ID No.

Name of Preparer of Report | Title | Telephone No.

Name of Department or Instructional Area

THE COMMONWEALTH OF MASSACHUSETTS

DEPARTMENT OF EDUCATION

FALL DEPARTMENT HEAD REPORT-REPORTING BOOKLET 2.0

to the

DIVISION OF OCCUPATIONAL EDUCATION
(Fiscal Year Ending June 30, 1975)

for the

PRACTICAL NURSING PROGRAM

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION

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CE 005 710

Before filing said statement, the superintendent shall submit it to the chairman of the school committee, who shall countersign it on oath, if, after examination, he finds it correct.
(General Laws Relating to Education 1970: Chapter 72, Sec. 2A, Item 4, and Sec. 3, Item 2)

I hereby certify that all the statements contained in this report are true to the best of my knowledge and belief, and that this is a true statement, made under the penalties of perjury.

CE 005 710

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I hereby certify that all the statements contained in this report are true to the best of my knowledge and belief, and that this is a true statement, made under the penalties of perjury.

____________________ (Date)	____________________ Superintendent of Schools
____________________ (Date)	____________________ Chairman of School Committee

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MISOE Number ____________

Table 2.1 Enrollment in Final Grade by Student Group & Terminal Objectives (TERMOB)

	1	2		3	
1.	Grade				
2.	Student Group Name and Number	101		102	
3.	USOE Code(s)				
4.	Level Code				
5.	Type Code				
6.	Session Code				
7.	Program Length (Years)	<1 1 2 3 4		<1 1 2 3 4	
8.	Cooperative	Yes No		Yes No	
9.	Workstudy	Yes No		Yes No	
10.	Exploratory	Yes No		Yes No	
11.	Instructors and Teacher's Aides				
	A. Full Time				
	B. Percentage of Time				
12.	Enrollment	Male	Female	Male	Female

TERMOB Applicability

13. TERMOB Numbers								

5.	Type Code				
6.	Session Code				
7.	Program Length (Years)	<1 1 2 3 4		<1 1 2 3 4	
8.	Cooperative	Yes	No	Yes	No
9.	Workstudy	Yes	No	Yes	No
10.	Exploratory	Yes	No	Yes	No
11.	Instructors and Teacher's Aides				
	A. Full Time				
	B. Percentage of Time				
12.	Enrollment	Male	Female	Male	Female

TERMOB Applicability

13. TERMOB Numbers								

Misoe Number

Table 2.1 (Cont'd) Enrollment in Final Grade by Student Group

	4		5		6	
1						
2.	103		104		105	
3.						
4.						
5.						
6.						
7.	<1 1 2 3 4		<1 1 2 3 4		<1 1 2 3 4	
8.	Yes	No	Yes	No	Yes	No
9.	Yes	No	Yes	No	Yes	No
10.	Yes	No	Yes	No	Yes	No
11.						
12.	Male	Female	Male	Female	Male	Female

TERMOB Applicability

13.												

5.						
6.						
7.	< 1 1 2 3 4		< 1 1 2 3 4		< 1 1 2 3 4	
8.	Yes	No	Yes	No	Yes	No
9.	Yes	No	Yes	No	Yes	No
10.	Yes	No	Yes	No	Yes	No
11.						
12.	Male	Female	Male	Female	Male	Female

TERMOB Applicability

13.											

Misoe Number

Table 2.1 Enrollment in Final Grade by Student Group & Terminal Objective (TERMOB)

	7	8	9
1.	Grade		
2.	Student Group Name and Number	106	107
3.	USOE Code(s)		
4.	Level Code		
5.	Type Code		
6.	Session Code		
7.	Program Length (Years)	<1 1 2 3 4	<1 1 2 3 4
8.	Cooperative	Yes No	Yes No
9.	Workstudy	Yes No	Yes No
10.	Exploratory	Yes No	Yes No
11.	Instructors and Teacher's Aides		
	A. Full Time		
	B. Percentage of Time		
12.	Enrollment	Male Female	Male Female

TERMOB Applicability

13. TERMOB Numbers	

4.	Level Code		
5.	Type Code		
6.	Session Code		
7.	Program Length (Years)	<1 1 2 3 4	<1 1 2 3 4
8.	Cooperative	Yes No	Yes No
9.	Workstudy	Yes No	Yes No
10.	Exploratory	Yes No	Yes No
11.	Instructors and Teacher's Aides		
	A. Full Time		
	B. Percentage of Time		

12.	Enrollment	Male	Female	Male	Female

TERMOB Applicability

13.	TERMOB Numbers								

Misoe Number

Table 2.1 (Cont'd) Enrollment in Final Grade by Student Group and Terminal Objectives (TERMOBS)

	10	11	12
1.			
2.			
3.	108	109	110
4.			
5.			
6.			
7.	<1 1 2 3 4	<1 1 2 3 4	<1 1 2 3 4
8.	Yes No	Yes No	Yes No
9.	Yes No	Yes No	Yes No
10.	Yes No	Yes No	Yes No
11.			
12.	Male Female	Male Female	Male Female

TERMOB Applicability

13.												

3.	108		109		110	
4.						
5.						
6.						
7.	<1 1 2 3 4		<1 1 2 3 4		<1 1 2 3 4	
8.	Yes	No	Yes	No	Yes	No
9.	Yes	No	Yes	No	Yes	No
10.	Yes	No	Yes	No	Yes	No
11.						
12.	Male	Female	Male	Female	Male	Female

TERMOB Applicability

13.												

Misoe Number

Table 2.11 Enrollment In Lower Grades by Student Group

	2	3	4	5	6
	201	202	203	204	205
)	<1 1 2 3 4	<1 1 2 3 4	<1 1 2 3 4	<1 1 2 3 4	<1 1 2 3 4
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
me					
me					
	Male Female	Male Female	Male Female	Male Female	Male Female

Table 2.11 Enrollment In Lower Grades by Student Group

	1	2		3		4		5	
1.	Grade								
2.	Student Group Name and Number	201		202		203		204	
3.	USOE Code(s)								
4.	LEVEL Code								
5.	Type Code								
6.	Session Code								
7.	Program Length (Years)	<1 1 2	3 4	<1 1 2	3 4	<1 1 2	3 4	<1 1 2	3 4
8.	Cooperative	Yes	No	Yes	No	Yes	No	Yes	No
9.	Workstudy	Yes	No	Yes	No	Yes	No	Yes	No
10.	Exploratory	Yes	No	Yes	No	Yes	No	Yes	No
11.	Instructors and Teacher's Aides								
	A. Full Time								
	B. Percentage of Time								
		Male	Female	Male	Female	Male	Female	Male	Female
12.	Enrollment								

Table 2.11 (Cont'd) Enrollment in Lower Grades by Student Group

	8	9	10	11	12
	206	207	208	209	210
	<1 1 2 3 4.	<1 1 2 3 4	<1 1 2 3 4	<1 1 2 3 4	<1 1 2 3 4
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
ne					
ne					
	Male Female	Male Female	Male Female	Male Female	Male Female

Misoe Number

Table 2.11 (Cont'd) Enrollment in Lower Grades by Student Group

	7	8		9		10		11	
1.	Grade								
2.	Student Group Name and Number	206		207		208		209	
3.	USOE Code(s)								
4.	Level Code								
5.	Type Code								
6.	Session Code								
7.	Program Length (Years)	<1 1 2	3 4	<1 1 2	3 4	<1 1 2	3 4	<1 1 2	3 4
8.	Cooperative	Yes	No	Yes	No	Yes	No	Yes	No
9.	Workstudy	Yes	No	Yes	No	Yes	No	Yes	No
10.	Exploratory	Yes	No	Yes	No	Yes	No	Yes	No
11.	Instructors and Teacher's Aides								
	A. Full Time								
	B. Percentage of Time	Male	Female	Male	Female	Male	Female	Male	Female
12.	Enrollment								

Misoe Number

Table 2.11 Enrollment in Lower Grades by Student Group (Cont'd)

	14	15	16	17	18
me	211	212	213	214	215
Years)	<1 1 2 3 4	<1 1 2 3 4	<1 1 2 3 4	<1 1 2 3 4	<1 1 2 3 4
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
ll Time					
of Time					
	Male Female	Male Female	Male Female	Male Female	Male Female

Table 2.11 Enrollment In Lower Grades by Student Group (Cont'd)

	13	14	15	16	17
1.	Grade				
2.	Student Group Name and Number	211	212	213	214
3.	USOE Code(s)				
4.	Level Code				
5.	Type Code				
6.	Session Code				
7.	Program Length (Years)	<1 1 2 3 4	<1 1 2 3 4	<1 1 2 3 4	<1 1 2 3
8.	Cooperative	Yes No	Yes No	Yes No	Yes No
9.	Workstudy	Yes No	Yes No	Yes No	Yes No
10.	Exploratory	Yes No	Yes No	Yes No	Yes No
11.	Instructors and Teacher's Aides				
	A. Full Time				
	B. Percentage of Time				
		Male Female	Male Female	Male Female	Male Fem
12.	Enrollment				

Table 2.11 Enrollment in Lower Grades by Student Group (Cont'd)

	20		21		22		23		24	
	216		217		218		219		220	
ears)	<1 1 2	3 4	<1 1 2	3 4	<1 1 2	3 4	<1 1 2	3 4	<1 1 2	3 4
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Time										
f Time										
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female

Misoe Number

Table 2.11 Enrollment in Lower Grades by Student Group (Cont'd)

19	20		21		22		23	
1. Grade								
2. Student Group Name and Number	216		217		218		219	
3. USOE Code(s)								
4. Level Code								
5. Type Code								
6. Session Code								
7. Program Length (Years)	<1 1 2 3 4		<1 1 2 3 4		<1 1 2 3 4		<1 1 2 3 4	
8. Cooperative	Yes	No	Yes	No	Yes	No	Yes	No
9. Workstudy	Yes	No	Yes	No	Yes	No	Yes	No
10. Exploratory	Yes	No	Yes	No	Yes	No	Yes	No
11. Instructors and Teacher's Aides								
A. Full Time								
B. Percentage of Time								
	Male	Female	Male	Female	Male	Female	Male	Female
12. Enrollment								

MTsoe Number

Table 2.2 Utilization of Student Class Time: Final Grade

	2	3	4	5	6	7	8	9	10	1
	101	102	103	104	105	106	107	108	109	110
reas										
lon										

Table 2.2 Utilization of Student Class Time: Final Grade

	1	2	3	4	5	6	7	8	9
1.	Student Group Number	101	102	103	104	105	106	107	108
2.	Grade								
3.	USOE Code(s)								
4.	In Occupational Shop/Lab Area(s)								
5.	In Occupational Related Area(s)								
6.	Total Occupational Time (Linas 4 + 5)								
7.	In Nonoccupational Areas								
8.	Total All Areas (Lines 6 + 7)								
9.	Length of Grade Session (weeks)								
10.	Schedule Variation								
11.	Additional Notes Necessary to Explain Lines 4 through 10								

Table 2.2 Utilization of Student Class Time (Cont'd): Final Grade

	13	14	15	16	17	18	19	20	21	22
	111	112	113	114	115	116	117	118	119	120
reas										
on										

Misoe Number

Table 2.2 Utilization of Student Class Time (Cont'd): Final Grade

12	13	14	15	16	17	18	19	20
1. Student Group Number	111	112	113	114	115	116	117	118
2. Grade								
3. USOE COde(s)								
4. In Occupational Shop/Lab Area(s)								
5. In Occupational Related Area(s)								
6. Total Occupational Time (Lines 4+ 5)								
7. In Nonoccupational Areas								
8. Total All Areas (Lines 6 + 7)								
9. Length of Grade Session (weeks)								
10. Schedule Variation								
11. Additional Notes Necessary to Explain Lines 4 through 10								

MIsoe Number

Table 2.21 Utilization of Student Class Time: Lower Grade

	2	3	4	5	6	7	8	9	10	11
	201	202	203	204	205	206	207	208	209	210
reas										
ion										

Table 2.21 Utilization of Student Class Time: Lower Grade

1	2	3	4	5	6	7	8	9
1. Student Group Number	201	202	203	204	205	206	207	208
2. Grade								
3. USOE Code(s)								
4. In Occupational Shop/Lab Area(s)								
5. In Occupational Related Area(s)								
6. Total Occupational Time (Lines 4 + 5)								
7. In Nonoccupational Areas								
8. Total All Areas (Lines 6 + 7)								
9. Length of Grade Session (Weeks)								
10. Schedule Variation								
11. Additional Notes Necessary to Explain Lines 4 through 10								

Table 2.21 (Cont'd) Utilization of Student Class Time: Lower Grade

	13	14	15	16	17	18	19	20	21	22
	211	212	213	214	215	216	217	218	219	220
reas										
ion										

Misoe Number

Table 2.21 (Cont'd) Utilization of Student Class Time: Lower Grade

	12	13	14	15	16	17	18	19	20
1.	Student Group Number	211	212	213	214	215	216	217	218
2.	Grade								
3.	USOE Code(s)								
4.	In Occupational Shop/Lab Area(s)								
5.	In Occupational Related Area(s)								
6.	Total Occupational Time (Lines 4 + 5)								
7.	In Nonoccupational Areas								
8.	Total All Areas (Lines 6 + 7)								
9.	Length of Grade Session (Weeks)								
10.	Schedule Variation								
11.	Additional Notes Necessary to Explain Lines 4 through 10								

Misoe Number ____________

Table 2.3 Utilization of Departmental Instructional Area by Rooms

Check Applicable Program Schedule

1. a. [ ] Weekly
   b. [ ] Alternating
   c. [ ] Variable

2. a. [ ] Semester Schedule Change
   b. [ ] No Semester Schedule Change

WEEKLY OR SCHEDULE A							
1	2	3		4		5	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
1A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
2A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
3A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
4A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
5A	Mon.						
	Tues.						
	Wed.						

WEEKLY OR SCHEDULE A

1	2	3		4		5	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs.Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
1A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
2A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
3A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
4A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
5A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							

Misoe Number ____________________

Table 2.3 (Cont'd) Utilization of Departmental Instructional Area by Rooms

Check Applicable Program Schedule

1. a. ☐ Weekly
   b. ☐ Alternating
   c. ☐ Variable

2. a. ☐ Semester Schedule Change
   b. ☐ No Semester Schedule Change

WEEKLY OR SCHEDULE B							
6	7	8		9		10	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
1 B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
2 B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
3 B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
4 B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
5 B	Mon.						

WEEKLY OR SCHEDULE B

6	7	8		9		10	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
1 B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
2 B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
3 B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
4 B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
5 B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							

MIsoe Number

Table 2.3 (Cont'd) Utilization of Departmental Instructional Area by Room

Check Applicable Program Schedule

1. a. [ ] Weekly
   b. [ ] Alternating
   c. [ ] Variable

2. a. [ ] Semester Schedule Change
   b. [ ] No Semester Schedule Change

WEEKLY OR SCHEDULE A							
11	12	13		14		15	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs.Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
6A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
7A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
8A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
9A	Mon						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
10A	Mon.						
	Tues.						

WEEKLY OR SCHEDULE A

11	12	13		14		15	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs.Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
6A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
7A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
8A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
9A	Mon						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
10A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							

Misoe Number ____________

Table 2.3 (Cont'd) Utilization of Departmental Instructional Area by Room

Check Applicable Program Schedule

1. a. ☐ Weekly
   b. ☐ Alternating
   c. ☐ Variable

2. a. ☐ Semester Schedule Change
   b. ☐ No Semester Schedule Change

WEEKLY OR SCHEDULE B

16	17	18		19		20	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
6B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
7B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
8B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
9B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
10B	Mon.						

c. ☐ Variable

WEEKLY OR SCHEDULE B

16	17	18		19		20	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
6B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
7B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
8B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
9B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
10B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							

Misoe Number

Table 2.3 (Cont'd) Utilization of Departmental Instructional Area by Room

Check Applicable Program Schedule

1. a. ☐ Weekly
   b. ☐ Alternating
   c. ☐ Variable

2. a. ☐ Semester Schedule Change
   b. ☐ No Semester Schedule Change

WEEKLY OR SCHEDULE A

21	22	23		24		25	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs.Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
11A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
12A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
13A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
14A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
15A	Mon.						
	Tues.						

WEEKLY OR SCHEDULE A

21	22	23		24		25	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
11A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
12A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
13A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
14A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
15A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat						
TOTALS							

Misoe Number

Table 2.3 (Cont'd) Utilization of Departmental Instructional Area by Room

Check Applicable Program Schedule

1. a. ☐ Weekly
   b. ☐ Alternating
   c. ☐ Variable

2. a. ☐ Semester Schedule Change
   b. ☐ No Semester Schedule Change

WEEKLY OR SCHEDULE B

26	27	28		29		30	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs.Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
11B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
12B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
13B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
14B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
15B	Mon.						

WEEKLY OR SCHEDULE B

26	27	28		29		30	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
11B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
12B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
13B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
14B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
15B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							

Visoe Number

Table 2.3 Utilization of Departmental Instructional Area By Room

Check Applicable Program Schedule

1. a. ☐ Weekly
b. ☐ Alternating
c. ☐ Variable

2. a. ☐ Semester Schedule Change
b. ☐ No Semester Schedule Change

WEEKLY OR SCHEDULE A							
31	32	33		34		35	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 P.M.-11:00 p.m.	
		No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
16A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
17A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
18A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
19A	Mon.						
	Tues.						
	[illegible].						
	Thurs.						
	Fri.						
LS C	Sat.						

1. a. ☐ Weekly
b. ☐ Alternating
c. ☐ Variable

2. a. ☐ Semester Schedule Change
b. ☐ No Semester Schedule Change

WEEKLY OR SCHEDULE A

31	32	33		34		35	
Room No. or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 P.M.-11:00 p.m.	
		No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
16A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
17A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
18A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
19A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
20A	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							

Misoe Number ____________________

Table 2.5 (Cont'd) Utilization of Departmenial Instructional Area by Room

Check Applicaboe Program Schedule

1. a. [ ] Weekly
   b. [ ] Alternating
   c. [ ] Variable

2. a. [ ] Semester Schedule Change
   b. [ ] No Semester Schedule Change

WEEKLY OR SCHEDULE B

36	37	38		39		40	
Room No.or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs.Used	No. of Stud. Hrs	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
16B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
17B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
18B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
19B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
20B	Mon.						
	Tues.						

WEEKLY OR SCHEDULE B

36	37	38		39		40	
Room No.or Name	Day of the Week	Morning 7:00 a.m.-12:00N		Afternoon 12:00N-6:00 p.m.		Evening 6:00 p.m.-11:00 p.m.	
		No. of Hrs.Used	No. of Stud. Hrs	No. of Hrs. Used	No. of Stud. Hrs.	No. of Hrs. Used	No. of Stud. Hrs.
16B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
17B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
18B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
19B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							
20B	Mon.						
	Tues.						
	Wed.						
	Thurs.						
	Fri.						
LS C	Sat.						
TOTALS							

REPORTING TERMINAL PERFORMANCE OBJECTIVES (TERMOBS)

TABLE T-1 - INSTRUCTIONAL DIVISION AND UNIT OUTLINE

PRACTICAL NURSING PROGRAM

DOES THIS OUTLINE CONTAIN ALL OF THE INSTRUCTIONAL CONTENT OF YOUR PROGRAM? YES ______ NO ______

CODE	DIVISION	CODE	UNIT
01	HUMAN BODY	01	GENERAL PLAN
		02	CELLS, TISSUES, MEMBRANES
		03	SKIN
		04	BONES, MUSCLES
		05	DIGESTIVE SYSTEM
		06	HEART
		07	BLOOD VESSELS
		08	BLOOD
		09	LYMPHATIC SYSTEM
		10	RESPIRATORY SYSTEM
		11	URINARY SYSTEM
		12	ENDOCRINE SYSTEM
		13	REPRODUCTIVE SYSTEM
		14	BRAIN
		15	SPINAL CORD AND NERVES
		16	SENSORY SYSTEM
02	MICROBIOLOGY	01	DEFINITION
		02	HISTORY
		03	CHARACTERISTICS
		04	CLASSIFICATION
		05	PATHOGENIC MICROORGANISMS
		06	ENVIRONMENT FOR GROWTH AND REPRODUCTION
		07	METHODS OF DESTRUCTION
		08	INFECTION
		09	BODY DEFENSES
		10	ENVIRONMENTAL CONTROL
03	NUTRITION	01	BALANCED DIET
		02	CARBOHYDRATES
		03	PROTEINS
		04	FATS
		05	ENERGY REQUIREMENTS
		06	MINERALS
		07	VITAMINS
		08	DIGESTION
		09	AGE GROUP NEEDS
		10	PLANNING MENUS
		11	COOKING
		12	FOOD AND HEALTH
		13	CULTURAL PATTERNS
		14	CARE AND PROTECTION
		15	FADS AND FALLACIES
04	FUNDAMENTALS	01	GUIDES FOR ACTION
		02	ENVIRONMENT
		03	MEDICAL ASEPSIS
		04	BODY MECHANICS
		05	BEDS
		06	POSTURE AND EXERCISE
		07	ADMISSIONS AND DISCHARGES
		08	RECORDING AND REPORTING

		05	DIGESTIVE SYSTEM
		06	HEART
		07	BLOOD VESSELS
		08	BLOOD
		09	LYMPHATIC SYSTEM
		10	RESPIRATORY SYSTEM
		11	URINARY SYSTEM
		12	ENDOCRINE SYSTEM
		13	REPRODUCTIVE SYSTEM
		14	BRAIN
		15	SPINAL CORD AND NERVES
		16	SENSORY SYSTEM
02	MICROBIOLOGY	01	DEFINITION
		02	HISTORY
		03	CHARACTERISTICS
		04	CLASSIFICATION
		05	PATHOGENIC MICROORGANISMS
		06	ENVIRONMENT FOR GROWTH AND REPRODUCTION
		07	METHODS OF DESTRUCTION
		08	INFECTION
		09	BODY DEFENSES
		10	ENVIRONMENTAL CONTROL
03	NUTRITION	01	BALANCED DIET
		02	CARBOHYDRATES
		03	PROTEINS
		04	FATS
		05	ENERGY REQUIREMENTS
		06	MINERALS
		07	VITAMINS
		08	DIGESTION
		09	AGE GROUP NEEDS
		10	PLANNING MENUS
		11	COOKING
		12	FOOD AND HEALTH
		13	CULTURAL PATTERNS
		14	CARE AND PROTECTION
		15	FADS AND FALLACIES
04	FUNDAMENTALS	01	GUIDES FOR ACTION
		02	ENVIRONMENT
		03	MEDICAL ASEPSIS
		04	BODY MECHANICS
		05	BEDS
		06	POSTURE AND EXERCISE
		07	ADMISSIONS AND DISCHARGES
		08	RECORDING AND REPORTING
		09	OBSERVATION
		10	VITAL SIGNS
		11	PHYSICAL EXAMINATION
		12	HYGIENE
		13	COMFORT MEASURES
		14	FEEDING
		15	BREATHING
		16	ELIMINATION

TABLE T-1 (CONT.) - INSTRUCTIONAL DIVISION AND UNIT OUTLINE

PRACTICAL NURSING PROGRAM

CODE	DIVISION	CODE	UNIT
04	FUNDAMENTALS (CONT.)	17	DIAGNOSTIC AND MEDICAL MEASURES
		18	WOUND CARE
		19	BANDAGES AND DRESSINGS
		20	HEAT AND COLD APPLICATIONS
		21	FIRST AID
		22	THE DYING AND DEAD
		23	MEDICATIONS
05	THE PRACTICAL NURSE	01	DEFINITION
		02	THE STUDENT NURSE
		03	PROBLEM SOLVING TECHNIQUES
		04	HISTORY
		05	NURSING EDUCATION
		06	THE HEALTH TEAM
		07	PATTERNS OF NURSING
		08	THE HOSPITAL
		09	INTERPERSONAL RELATIONSHIPS
		10	SPIRITUAL AND CULTURAL CONSIDERATIONS
		11	ETHICS
		12	THE LAW
		13	ORGANIZATIONS
		14	JOB OPPORTUNITIES
		15	CONTINUING EDUCATION
06	HUMAN BEHAVIOR	01	RATIONALE
		02	TERMINOLOGY
		03	THE HUMAN BEING
		04	INFLUENCES
		05	PERSONALITY
		06	LEARNING
		07	EMOTIONS AND BEHAVIOR
		08	ADJUSTMENT PATTERNS
		09	BEHAVIORAL PROBLEMS
		10	ILLNESS
07	GROWTH AND DEVELOPMENT	01	RATIONALE
		02	TERMINOLOGY
		03	NATURE
		04	FAMILIAL INFLUENCES
		05	CHILD REARING
		06	PRENATAL PERIOD
		07	NEO-NATAL (0-4 WEEKS)
		08	INFANT (4 WEEKS - 1 YEAR)
		09	TODDLER (1-3 YEARS)
		10	PRE-SCHOOLER (3-6 YEARS)
		11	SCHOOL AGE (6-10 YEARS)
		12	PRE-PUBERTY (10-12 YEARS)
		13	ADOLESCENCE (12-18 YEARS)
		14	YOUNG ADULTHOOD
		15	MIDDLE AGE
		16	THE AGED

		19	BANDAGES AND DRESSINGS
		20	HEAT AND COLD APPLICATIONS
		21	FIRST AID
		22	THE DYING AND DEAD
		23	MEDICATIONS
05	THE PRACTICAL NURSE	01	DEFINITION
		02	THE STUDENT NURSE
		03	PROBLEM SOLVING TECHNIQUES
		04	HISTORY
		05	NURSING EDUCATION
		06	THE HEALTH TEAM
		07	PATTERNS OF NURSING
		08	THE HOSPITAL
		09	INTERPERSONAL RELATIONSHIPS
		10	SPIRITUAL AND CULTURAL CONSIDERATIONS
		11	ETHICS
		12	THE LAW
		13	ORGANIZATIONS
		14	JOB OPPORTUNITIES
		15	CONTINUING EDUCATION
06	HUMAN BEHAVIOR	01	RATIONALE
		02	TERMINOLOGY
		03	THE HUMAN BEING
		04	INFLUENCES
		05	PERSONALITY
		06	LEARNING
		07	EMOTIONS AND BEHAVIOR
		08	ADJUSTMENT PATTERNS
		09	BEHAVIORAL PROBLEMS
		10	ILLNESS
07	GROWTH AND DEVELOPMENT	01	RATIONALE
		02	TERMINOLOGY
		03	NATURE
		04	FAMILIAL INFLUENCES
		05	CHILD REARING
		06	PRENATAL PERIOD
		07	NEO-NATAL (0-4 WEEKS)
		08	INFANT (4 WEEKS - 1 YEAR)
		09	TODDLER (1-3 YEARS)
		10	PRE-SCHOOLER (3-6 YEARS)
		11	SCHOOL AGE (6-10 YEARS)
		12	PRE-PUBERTY (10-12 YEARS)
		13	ADOLESCENCE (12-18 YEARS)
		14	YOUNG ADULTHOOD
		15	MIDDLE AGE
		16	THE AGED
		17	DETERRENTS TO NORMAL GROWTH AND DEVELOPMENT
08	PHARMACOLOGY	01	DRUG STANDARDS AND LEGISLATION
		02	SOURCES
		03	VARIOUS FORMS
		04	EFFECTS
		05	ABBREVIATIONS

TABLE T-1 (CONT.) - INSTRUCTIONAL DIVISION AND UNIT OUTLINE

PRACTICAL NURSING PROGRAM

CODE	DIVISION	CODE	UNIT
08	PHARMACOLOGY (CONT.)	06	ARITHMETIC
		07	WEIGHTS AND MEASURES
		08	FRACTIONAL DOSAGES
		09	SOLUTIONS
		10	SYRINGES
		11	RULES IN HANDLING MEDICINES
		12	CLASSIFICATION
09	CARE OF ADULTS	01	BASIC CONCEPTS
		02	NURSING CARE PLAN
		03	ALLERGIES
		04	SURGERY
		05	CANCER
		06	PROLONGED ILLNESS
		07	THE GERIATRIC
		08	REHABILITATION
		09	RESPIRATORY DISORDERS
		10	DISORDERS OF THE BLOOD
		11	CARDIO-VASCULAR DISORDERS
		12	GASTRO-INTESTINAL DISORDERS
		13	URINARY DISORDERS
		14	DISORDERS OF THE REPRODUCTIVE SYSTEM
		15	ENDOCRINE DISORDERS
		16	NEUROLOGICAL DISORDERS
		17	MUSCULO-SKELETAL DISORDERS
		18	EYE AND EAR DISORDERS
		19	DISORDERS OF THE SKIN
		20	MENTAL ILLNESS
		21	EMERGENCY AND DISASTER
10	DIET THERAPY	01	HOSPITAL DIETS
		02	MODIFICATION OF DIETS
		03	WEIGHT CONTROL
		04	HIGH CALORIC
		05	DIABETIC
		06	PROTEIN CONTROLLED
		07	GASTRO-INTESTINAL DISORDERS
		08	CARDIO-VASCULAR DISORDERS
		09	RENAL DISORDERS
		10	ALLERGIES
		11	METABOLIC DISORDERS
		12	PREGNANCY
		13	LACTATION
		14	NEWBORN AND INFANTS
		15	CHILDREN AND ADOLESCENTS
		16	ADULTS
11	DRUG THERAPY	01	LEGAL RESPONSIBILITIES
		02	LIMITATIONS
		03	ANESTHETICS
		04	ANTI-NEOPLASTICS
		05	ANTI-INFECTIVES

		09	SOLUTIONS
		10	SYRINGES
		11	RULES IN HANDLING MEDICINES
		12	CLASSIFICATION
09	CARE OF ADULTS	01	BASIC CONCEPTS
		02	NURSING CARE PLAN
		03	ALLERGIES
		04	SURGERY
		05	CANCER
		06	PROLONGED ILLNESS
		07	THE GERIATRIC
		08	REHABILITATION
		09	RESPIRATORY DISORDERS
		10	DISORDERS OF THE BLOOD
		11	CARDIO-VASCULAR DISORDERS
		12	GASTRO-INTESTINAL DISORDERS
		13	URINARY DISORDERS
		14	DISORDERS OF THE REPRODUCTIVE SYSTEM
		15	ENDOCRINE DISORDERS
		16	NEUROLOGICAL DISORDERS
		17	MUSCULO-SKELETAL DISORDERS
		18	EYE AND EAR DISORDERS
		19	DISORDERS OF THE SKIN
		20	MENTAL ILLNESS
		21	EMERGENCY AND DISASTER
10	DIET THERAPY	01	HOSPITAL DIETS
		02	MODIFICATION OF DIETS
		03	WEIGHT CONTROL
		04	HIGH CALORIC
		05	DIABETIC
		06	PROTEIN CONTROLLED
		07	GASTRO-INTESTINAL DISORDERS
		08	CARDIO-VASCULAR DISORDERS
		09	RENAL DISORDERS
		10	ALLERGIES
		11	METABOLIC DISORDERS
		12	PREGNANCY
		13	LACTATION
		14	NEWBORN AND INFANTS
		15	CHILDREN AND ADOLESCENTS
		16	ADULTS
11	DRUG THERAPY	01	LEGAL RESPONSIBILITIES
		02	LIMITATIONS
		03	ANESTHETICS
		04	ANTI-NEOPLASTICS
		05	ANTI-INFECTIVES
		06	SKIN DISORDERS
		07	BLOOD DISORDERS
		08	CARDIO-VASCULAR DISORDERS
		09	RESPIRATORY DISORDERS
		10	GASTRO-INTESTINAL DISORDERS

TABLE T-1 (CONT.) - INSTRUCTIONAL DIVISION AND UNIT OUTLINE

PRACTICAL NURSING PROGRAM

CODE	DIVISION	CODE	UNIT
11	DRUG THERAPY (CONT.)	11	GENITO-URINARY DISORDERS
		12	ENDOCRINE DISORDERS
		13	NEUROLOGICAL DISORDERS
		14	MUSCULO-SKELETAL DISORDERS
		15	EYE DISORDERS
		16	EAR DISORDERS
12	MATERNITY	01	PRENATAL DEVELOPMENT
		02	PREPARATION
		03	PROBLEMS OF PREGNANCY
		04	LABOR
		05	DELIVERY
		06	POST-PARTUM
		07	NEWBORN
		08	HEALTH REGULATIONS
		09	FAMILY PLANNING
13	PEDIATRICS	01	CHILD WELFARE
		02	CHILD CARE
		03	HEALTHY CHILD
		04	ILL CHILD
		05	HOSPITALIZATION
		06	DISORDERS OF INFANT
		07	DISORDERS OF TODDLER
		08	DISORDERS OF PRE-SCHOOLER
		09	DISORDERS OF SCHOOL AGER
		10	DISORDERS OF ADOLESCENT
		11	SPECIAL NEEDS AND ABNORMALITIES

TABLE T-1A - ADDITIONAL INSTRUCTIONAL DIVISIONS AND UNITS

PRACTICAL NURSING PROGRAM

CODE	DIVISION	CODE	UNIT

TABEL T-1A - ADDITIONAL INSTRUCTIONAL DIVISIONS AND UNITS (CONT'D)

PRACTICAL NURSING PROGRAM

CODE	DIVISION	CODE	UNIT

TABLE T-2 - TERMOB DIVISION AND UNIT OUTLINE

PRACTICAL NURSING PROGRAM

DOES THIS OUTLINE CONTAIN ALL TOPICS IN WHICH GRADUATES ACQUIRE JOB-ENTRY SKILLS? YES ______ NO ______

CODE	DIVISION	CODE	UNIT
01	BODY MECHANICS	01	ANATOMICAL POSITION
		02	PATIENT ASSISTED FROM BED TO CHAIR
		03	BUCK'S EXTENSION
02	BEDS AND ENVIRONMENT	01	OPEN BED
		02	ANESTHESIA RECOVERY BED
		03	OCCUPIED BED
		04	CLEANING A UNIT
		05	COMFORT MEASURES
03	ADMISSIONS, DISCHARGES, AND RECORDING	01	ADMISSIONS
		02	DISCHARGES
		03	WRITTEN RECORDS
04	VITAL SIGNS AND OBSERVATIONS	01	TEMPERATURE
		02	HEARTBEAT OR PULSE
		03	RESPIRATION
		04	BLOOD PRESSURE
		05	INTAKE AND OUTPUT
05	PHYSICAL EXAMINATION	01	GENERAL
		02	VAGINAL
06	HYGIENE	01	BATHS
		02	GENERAL CARE
		03	HEAD CARE
		04	BACK CARE
		05	MOUTH CARE
		06	VAGINAL DOUCHE
		07	SURGICAL PREPARATION OF SKIN
07	FEEDING	01	FEEDING OF PATIENT
08	ELIMINATION	01	IN BED
		02	CATHETERIZATION
		03	IRRIGATION
		04	ENEMA
		05	RECTAL TUBE
09	MEDICAL MEASURES	01	THROAT IRRIGATION
		02	EYE CARE
		03	INHALATION
		04	CROUPETTE
10	SPECIMENS AND TESTS	01	STOOL SPECIMEN
		02	URINE SPECIMEN
		03	SPUTUM SPECIMEN
		04	TESTS
11	WOUND CARE	01	BANDAGES
		02	DRESSINGS
12	TEMPERATURE CONTROLLED APPLICATIONS	01	HOT
		02	COLD

02	BEDS AND ENVIRONMENT	01	OPEN BED
		02	ANESTHESIA RECOVERY BED
		03	OCCUPIED BED
		04	CLEANING A UNIT
		05	COMFORT MEASURES
03	ADMISSIONS, DISCHARGES, AND RECORDING	01	ADMISSIONS
		02	DISCHARGES
		03	WRITTEN RECORDS
04	VITAL SIGNS AND OBSERVATIONS	01	TEMPERATURE
		02	HEARTBEAT OR PULSE
		03	RESPIRATION
		04	BLOOD PRESSURE
		05	INTAKE AND OUTPUT
05	PHYSICAL EXAMINATION	01	GENERAL
		02	VAGINAL
06	HYGIENE	01	BATHS
		02	GENERAL CARE
		03	HEAD CARE
		04	BACK CARE
		05	MOUTH CARE
		06	VAGINAL DOUCHE
		07	SURGICAL PREPARATION OF SKIN
07	FEEDING	01	FEEDING OF PATIENT
08	ELIMINATION	01	IN BED
		02	CATHETERIZATION
		03	IRRIGATION
		04	ENEMA
		05	RECTAL TUBE
09	MEDICAL MEASURES	01	THROAT IRRIGATION
		02	EYE CARE
		03	INHALATION
		04	CROUPETTE
10	SPECIMENS AND TESTS	01	STOOL SPECIMEN
		02	URINE SPECIMEN
		03	SPUTUM SPECIMEN
		04	TESTS
11	WOUND CARE	01	BANDAGES
		02	DRESSINGS
12	TEMPERATURE CONTROLLED APPLICATIONS	01	HOT
		02	COLD
13	MEDICATIONS	01	MEDICINE TRAY
		02	INJECTIONS
14	THE DYING & THE DEAD	01	POST MORTEM CARE

TABLE T-2A - ADDITIONAL TERMOB DIVISIONS AND UNITS

PRACTICAL NURSING PROGRAM

CODE	DIVISION	CODE	UNIT

TERMINAL PERFORMANCE OBJECTIVES (TERMOBS)
and
REPORTING FORMS

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 01 BODY MECHANICS

UNIT 01 ANATOMICAL POSITION

TERMOB NO. 02-001

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 MEDICAL MANNEQUIN
( ) 1.04 BED
( ) 1.05 SANDBAGS, IF NEEDED
( ) 1.06 PILLOWS
( ) 1.07 FOOT BOARD

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 POSITION PATIENT IN BED EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 EXTEND ARMS AND LEGS
( ) 2.03 ROTATE ARMS AND LEGS
( ) 2.04 SUPPORT ARMS AND LEGS

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PATIENT IS IN PROPER ANATOMICAL POSITION TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 ARMS AND LEGS ARE STRAIGHT AND LYING FLAT
( ) 3.03 ARMS AND LEGS ARE ROTATED OUTWARD FROM THE BODY
( ) 3.04 ARMS AND LEGS PROPERLY SUPPORTED IN CORRECT POSITION

MISOE NO. ____________

PROGRAM	PRACTICAL NURSING	DIVISION 01	BODY MECHANICS
USOE CODE NO(S)		UNIT 01	ANATOMICAL POSITION
		TERMOB NO.	02-001

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 01 BODY MECHANICS

UNIT 02 PATIENT ASSISTED FROM BED TO CHAIR

TERMOB NO. 02-002

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 BED
( ) 1.04 CHAIR
( ) 1.05 PILLOWS
( ) 1.06 BLANKET
( ) 1.07 FOOTSTOOL

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 ASSIST PATIENT FROM BED TO CHAIR EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 SWING PATIENT INTO SITTING POSITION
( ) 2.03 ASSIST PATIENT TO COME TO A STANDING POSITION
( ) 2.04 PIVOT, ASSISTING PATIENT
( ) 2.05 LOWER PATIENT INTO CHAIR
( ) 2.06 ARRANGE PILLOWS AND FOOTSTOOL
( ) 2.07 COVER LOWER BODY

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PATIENT PROPERLY ASSISTED FROM BED TO CHAIR TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 NURSE STANDS WITH FEET SEPARATED, WEIGHT BALANCED, HIPS AND KNEES FLEXED
( ) 3.03 NURSE STANDS WITH GOOD POSTURE DIRECTLY IN FRONT OF PATIENT SUPPORTING PATIENT FIRMLY UNDER THE ARMS
( ) 3.04 PATIENT SUPPORTED
( ) 3.05 NURSE MAINTAINS GOOD BODY ALIGNMENT, FLEXES HIPS AND KNEES, AND PROTECTS BACK AS SHE LOWERS PATIENT
( ) 3.06 AS NECESSARY FOR COMFORT
( ) 3.07 SNUGLY BLANKET WILL REMAIN IN POSITION

MISOE NO. ____________

PROGRAM	PRACTICAL NURSING	DIVISION 01	BODY MECHANICS
USOE CODE NO(S)		UNIT 02	PATIENT ASSISTED FROM BED TO CHAIR
		TERMOB NO.	02-002

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 01 BODY MECHANICS

UNIT 03 BUCK'S EXTENSION

TERMOB NO. 02-003

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 BED
( ) 1.05 ADJUSTABLE BUCK'S EXTENSION HOOK
    A. UNILATERAL - ONE HOOK
    B. BILATERAL - TWO HOOKS
( ) 1.06 WIRE SPREADER BAR - 1 OR 2
( ) 1.07 ROPE - 1 OR 2 LENGTHS
( ) 1.08 MOLESKIN - 1 OR 2 STRIPS
( ) 1.09 FOAM RUBBER - 2 OR 4 STRIPS
( ) 1.10 WEIGHT HOLDERS - 1 OR 2
( ) 1.11 REQUIRED WEIGHTS
( ) 1.12 ACE BANDAGE - 1 OR 2 ROLLS 3" - 4"

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 ASSIST PHYSICIAN IN APPLYING TRACTION TO LEG EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 BED SHOULD BE FLAT
( ) 2.03 DETERMINE PROPER LENGTH OF RUBBER STRIPS
( ) 2.04 APPLY FOAM RUBBER STRIPS TO BOTH ENDS OF MOLESKIN
( ) 2.05 PLACE FOAM RUBBER STRIPS AGAINST EITHER SIDE OF LEG
( ) 2.06 APPLY ACE BANDAGES OVER FOAM AND MOLESKIN STRIPS TO SECURE THEM FROM ANKLE TO BELOW KNEE
( ) 2.07 PLACE WIRE SPREADER BAR THROUGH PLASTIC COVERED LOOP
( ) 2.08 ATTACH ROPE FROM SPREADER BAR DOWN OVER PULLEY ON ADJUSTABLE BUCK'S EXTENSION HOOK TO WEIGHT LADDER
( ) 2.09 APPLY WEIGHT TO HOLDER
( ) 2.10 BE SURE SIGNAL LIGHT IS WITHIN REACH OF PATIENT

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 TRACTION APPLIED PROPERLY TO LEG TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 BED FLAT
( ) 3.03 LENGTH DETERMINED BY PLACING FOAM RUBBER STRIPS ON BOTH SIDES OF LEG
( ) 3.04 FOAM RUBBER APPLIED BY REMOVAL OF PLASTIC COVER FROM

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 BED
( ) 1.05 ADJUSTABLE BUCK'S EXTENSION HOOK
    A. UNILATERAL - ONE HOOK
    B. BILATERAL - TWO HOOKS
( ) 1.06 WIRE SPREADER BAR - 1 OR 2
( ) 1.07 ROPE - 1 OR 2 LENGTHS
( ) 1.08 MOLESKIN - 1 OR 2 STRIPS
( ) 1.09 FOAM RUBBER - 2 OR 4 STRIPS
( ) 1.10 WEIGHT HOLDERS - 1 OR 2
( ) 1.11 REQUIRED WEIGHTS
( ) 1.12 ACE BANDAGE - 1 OR 2 ROLLS 3" - 4"

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 ASSIST PHYSICIAN IN APPLYING TRACTION TO LEG EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 BED SHOULD BE FLAT
( ) 2.03 DETERMINE PROPER LENGTH OF RUBBER STRIPS
( ) 2.04 APPLY FOAM RUBBER STRIPS TO BOTH ENDS OF MOLESKIN
( ) 2.05 PLACE FOAM RUBBER STRIPS AGAINST EITHER SIDE OF LEG
( ) 2.06 APPLY ACE BANDAGES OVER FOAM AND MOLESKIN STRIPS TO SECURE THEM FROM ANKLE TO BELOW KNEE
( ) 2.07 PLACE WIRE SPREADER BAR THROUGH PLASTIC COVERED LOOP
( ) 2.08 ATTACH ROPE FROM SPREADER BAR DOWN OVER PULLEY ON ADJUSTABLE BUCK'S EXTENSION HOOK TO WEIGHT LADDER
( ) 2.09 APPLY WEIGHT TO HOLDER
( ) 2.10 BE SURE SIGNAL LIGHT IS WITHIN REACH OF PATIENT

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 TRACTION APPLIED PROPERLY TO LEG TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 BED FLAT
( ) 3.03 LENGTH DETERMINED BY PLACING FOAM RUBBER STRIPS ON BOTH SIDES OF LEG
( ) 3.04 FOAM RUBBER APPLIED BY REMOVAL OF PLASTIC COVER FROM ADHERENT SIDE FOR PROPER LENGTH. CENTER SECTION REMAINS COVERED WITH PLASTIC
( ) 3.05 PLASTIC COVERED LOOP EXTENDS BELOW FEET
( ) 3.06 ACE BANDAGE WRAPPED TWICE AROUND THE ANKLE IN A FIGURE 8 UNDER THE INSTEP, THEN UP THE LEG
( ) 3.07 WIRE SPREADER BAR PLACED THROUGH PLASTIC COVERED LOOP
( ) 3.08 ROPE PROPERLY ATTACHED
( ) 3.09 REQUIRED WEIGHT APPLIED
( ) 3.10 SIGNAL LIGHT WITHIN REACH OF PATIENT 7/74

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 01 BODY MECHANICS

UNIT 03 BUCK'S EXTENSION

TERMOB NO. 02-003

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 02 BEDS AND ENVIRONMENT

UNIT 01 OPEN BED

TERMOB NO. 02-004

1.00 CONDITION

( ) 1.01 TWO LARGE SHEETS
( ) 1.02 SINGLE BLANKET
( ) 1.03 SPREAD
( ) 1.04 TWO PILLOWS WITH INSIDE AND OUTSIDE CASES
( ) 1.05 BATH BLANKET
( ) 1.06 FACE CLOTH, FACE TOWEL AND BATH TOWEL

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 MAKE AN OPEN BED EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 RAISE BED
( ) 2.03 PLACE TOWELS AND FACE CLOTHS ON RACK OF BEDSIDE CABINET
( ) 2.04 PLACE BATH BLANKET IN CABINET
( ) 2.05 PLACE LINEN ON CHAIR
( ) 2.06 PLACE SHEET ON BED AND UNFOLD NEATLY WITH MIDDLE FOLD CENTERED
( ) 2.07 TUCK ABOUT 20 INCHES UNDER TOP OF MATTRESS
( ) 2.08 MITER TOP CORNER. TUCK SHEET IN ALONG SIDE
( ) 2.09 PLACE TOP SHEET
( ) 2.10 PLACE BLANKET ABOUT 5 INCHES FROM TOP OF MATTRESS
( ) 2.11 PLACE SPREAD CENTERED; TUCK UNDER AT FOOT OF MATTRESS AND MITER CORNER
( ) 2.12 GO TO OPPOSITE SIDE OF BED AND FOLD LINEN
( ) 2.13 PULL BOTTOM SHEET TIGHT, MITER TOP CORNER AND TUCK IN ALONG SIDE
( ) 2.14 SMOOTH TOP SHEET, BLANKET AND SPREAD OVER FOOT OF MATTRESS AND MITER CORNER
( ) 2.15 PUSH MATTRESS AGAINST HEAD OF BED
( ) 2.16 FOLD EDGE OF SPREAD UNDER BLANKET AT HEAD OF BED
( ) 2.17 FOLD TOP SHEET BACK OVER BLANKET AND SPREAD
( ) 2.18 FAN FOLD
( ) 2.19 FIT CASES TO PILLOWS, PLEAT AT TOP, PLACE ON BED WITH OPEN END OF CASE AWAY FROM DOOR

MISOE NO. ____

PROGRAM PRACTICAL NURSING

DIVISION 02 BEDS AND ENVIRONMENT

USOE CODE NO(S) ____

UNIT 01 OPEN BED

TERMOB NO. 02-004

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING
DIVISION 02 BEDS AND ENVIRONMENT
UNIT 01 OPEN BED
TERMOB NO. 02-004 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 OPEN BED PROPERLY MADE TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 BED RAISED TO HIGHEST LEVEL
( ) 3.03 TOWELS AND WASH CLOTHS PLACED ON RACK
( ) 3.04 BATH BLANKET PLACED IN CABINET
( ) 3.05 LINEN PLACED IN ORDER IT WILL BE USED
( ) 3.06 WIDE HEM ON TOP WITH ROUGH SIDE DOWN; ONE HEM EVEN WITH FOOT OF MATTRESS
( ) 3.07 SMOOTHLY
( ) 3.08 NEATLY
( ) 3.09 WIDE HEM ON TOP WITH ROUGH SIDE UP; MIDDLE FOLD TO CENTER OF BED
( ) 3.10 BLANKET CENTERED
( ) 3.11 SHEET, BLANKET, AND SPREAD MITERED NEATLY
( ) 3.12 LINEN FAN FOLDED NEATLY TO CENTER
( ) 3.13 SHEET TUCKED IN TIGHTLY
( ) 3.14 CORNER NEATLY MITERED
( ) 3.15 MATTRESS FLUSH WITH HEAD
( ) 3.16 NEATLY
( ) 3.17 NEATLY
( ) 3.18 FAN FOLDED BY BRINGING TOP EDGES OF LINEN TO FOOT OF BED AND THEN FOLDING THEM BACK TO CENTER OF BED
( ) 3.19 CORNERS FIT WELL INTO PILLOWS

MISOE NO.

PROGRAM	PRACTICAL NURSING	DIVISION 02	BEDS AND ENVIRONMENT
USOE CODE NO(S)		UNIT 01	OPEN BED
		TERMOB NO.	02-004 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 02 BEDS AND ENVIRONMENT
UNIT 02 ANESTHESIA RECOVERY BED
TERMOB NO. 02-005

1.00 CONDITION

( ) 1.01 PROTECTOR
( ) 1.02 COTTON BATH BLANKET
( ) 1.03 EMESIS BASIN
( ) 1.04 TONGUE DEPRESSORS
( ) 1.05 MOUTH WIPES
( ) 1.06 PAPER BAG AND SAFETY PIN
( ) 1.07 PROTECTED PILLOW
( ) 1.08 SPECIAL EQUIPMENT AS NECESSARY

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 MAKE AN ANESTHESIA RECOVERY BED EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 RAISE BED
( ) 2.03 PLACE TOWELS AND WASH CLOTHS ON RACK OF BEDSIDE CABINET
( ) 2.04 PLACE BATH BLANKET IN CABINET
( ) 2.05 PLACE LINEN ON CHAIR
( ) 2.06 PLACE SHEET ON BED AND UNFOLD NEATLY WITH MIDDLE FOLD CENTERED
( ) 2.07 TUCK ABOUT 20 INCHES UNDER TOP OF MATTRESS
( ) 2.08 MITER TOP CORNER. TUCK SHEET IN ALONG THE SIDE
( ) 2.09 PLACE PROTECTOR OVER HEAD OF MATTRESS
( ) 2.10 PLACE BATH BLANKET ON BED
( ) 2.11 PLACE TOP SHEET, BED BLANKET AND SPREAD ON BED
( ) 2.12 FOLD LINEN BACK
( ) 2.13 FOLD UPPER END OF COVERS TOWARD CENTER OF BED ON SIDE OF BED WHERE STRETCHER CAN BE PLACED ALONG SIDE MOST EASILY; DO THE SAME WITH LOWER END
( ) 2.14 HOLDING FOLDED LINEN AT TIP OF THE "V", FAN FOLD IT TO THE OPPOSITE SIDE
( ) 2.15 PLACE PILLOWS ON CHAIR; BE SURE BED HAS SIDE RAILS
( ) 2.16 CLEAR TOP OF BEDSIDE TABLE. ARRANGE EMESIS BASIN, TONGUE DEPRESSORS, MOUTH WIPES, PAPER AND PENCIL. PIN PAPER BAG TO SIDE OF BED NEAR HEAD
( ) 2.17 ARRANGE SPECIAL EQUIPMENT AS NECESSARY
( ) 2.18 LEAVE BED AT ITS HIGHEST LEVEL
( ) 2.19 CLOSE WINDOWS IN ROOM

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 02 BEDS AND ENVIRONMENT

UNIT 02 ANESTHESIA RECOVERY BED

TERMOB NO. 02-005

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 02 BEDS AND ENVIRONMENT

UNIT 02 ANESTHESIA RECOVERY BED

TERMOB NO. 02-005 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 ANESTHESIA RECOVERY BED NEATLY AND PROPERLY MADE TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF THE PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 BED RAISED TO HIGHEST LEVEL
( ) 3.03 TOWELS AND WASH CLOTHS PLACED ON RACK
( ) 3.04 BATH BLANKET PLACED IN CABINET
( ) 3.05 LINEN PLACED IN ORDER IT WILL BE USED
( ) 3.06 WIDE HEM ON TOP WITH ROUGH SIDE DOWN; ONE HEM EVEN WITH FOOT OF MATTRESS
( ) 3.07 SMOOTHLY
( ) 3.08 NEATLY
( ) 3.09 ADDED PROTECTION BENEATH PATIENT'S BUTTOCKS MAY BE USED IN CASES OF RECTAL OR PELVIC SURGERY
( ) 3.10 TOP EDGE OF BATH BLANKET 6 INCHES FROM HEAD OF MATTRESS
( ) 3.11 TOP SHEET, BED BLANKET AND SPREAD PLACED IN USUAL MANNER WITHOUT TUCKING IN
( ) 3.12 LINEN FOLDED BACK AT FOOT OF BED EVEN WITH EDGE OF MATTRESS
( ) 3.13 FOLDED COVERS RESEMBLE A "V"
( ) 3.14 LINEN NEATLY FAN FOLDED
( ) 3.15 PILLOWS PLACED NEATLY ON BEDSIDE CHAIR
( ) 3.16 MATERIALS ARRANGED CONVENIENTLY
( ) 3.17 ALL NECESSARY SPECIAL EQUIPMENT PROPERLY ARRANGED
( ) 3.18 BED AT HIGHEST LEVEL
( ) 3.19 NO DRAFT

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 02 BEDS AND ENVIRONMENT

UNIT 02 ANESTHESIA RECOVERY BED

TERMOB NO. 02-005 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 02 BEDS AND ENVIRONMENT
UNIT 03 OCCUPIED BED
TERMOB NO. 02-006

1.00 CONDITION

( ) 1.01 TWO LARGE SHEETS
( ) 1.02 DRAW SHEET
( ) 1.03 SINGLE BLANKET
( ) 1.04 SPREAD
( ) 1.05 MEDICAL MANNEQUIN
( ) 1.06 STUDENT PATIENT
( ) 1.07 PATIENT
( ) 1.08 TWO PILLOWS WITH INSIDE AND OUTSIDE CASES
( ) 1.09 BATH BLANKET
( ) 1.10 FACE CLOTH, FACE TOWEL AND BATH TOWEL

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 MAKE AN OCCUPIED BED EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PLACE CLEAN LINEN ON BEDSIDE CHAIR
( ) 2.03 SCREEN PATIENT AND LOWER FOOT BOARD, IF POSSIBLE; RAISE BED
( ) 2.04 PULL MATTRESS TO HEAD OF BED
( ) 2.05 REMOVE AND FOLD SPREAD AND BLANKET; PLACE ON CHAIR BACK
( ) 2.06 COVER PATIENT WITH BATH BLANKET
( ) 2.07 REMOVE ONE PILLOW, LEAVING ONE PILLOW UNDER PATIENT'S HEAD
( ) 2.08 FOLD TOP SHEET TO BOTTOM; REMOVE
( ) 2.09 LOOSEN LOWER BED LINEN AND ASSIST PATIENT TURNING OR MOVING TO OPPOSITE SIDE OF BED
( ) 2.10 FOLD DRAW SHEET, IF USED, CLOSE TO PATIENT
( ) 2.11 FOLD RUBBER DRAW SHEET, IF USED
( ) 2.12 FOLD UNDER SHEET
( ) 2.13 SMOOTH MATTRESS COVER
( ) 2.14 PLACE CLEAN SHEET ON BED AND MAKE SIDE AS FOR UNOCCUPIED BED
( ) 2.15 RETURN RUBBER DRAW SHEET, IF USED, SMOOTH AND TUCK IN FREE PORTION
( ) 2.16 PLACE CLEAN DRAW SHEET IN PLACE, TUCK IN SIDE , FOLD FREE PORTION CLOSE TO PATIENT'S BACK
( ) 2.17 TURN PATIENT BACK OVER ROLL OF LINEN; PLACE PILLOW UNDER HEAD
( ) 2.18 GO TO OPPOSITE SIDE OF BED
( ) 2.19 FOLD SOILED BOTTOM SHEET, DRAW SHEET TO FOOT OF BED AND REMOVE
( ) 2.20 MAKE AS UNOCCUPIED BED. PULL ALL WRINKLES OUT; CHANGE PILLOWCASES AND REPLACE PILLOWS, LEAVE PATIENT COMFORTABLE AND UNIT IN ORDER

MISOE NO. __________

PROGRAM	PRACTICAL NURSING	DIVISION 02	BEDS AND ENVIRONMENT
USOE CODE NO(S)		UNIT 03	OCCUPIED BED
		TERMOB NO.	02-006

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 02 BEDS AND ENVIRONMENT

UNIT 03 OCCUPIED BED

TERMOB NO. 02-006 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 OCCUPIED BED NEATLY AND PROPERLY MADE TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF THE PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 LINEN PILED IN ORDER OF USE
( ) 3.03 BED RAISED TO HIGH LEVEL
( ) 3.04 MATTRESS PLACED SQUARELY AT HEAD OF BED
( ) 3.05 SPREAD AND BLANKET FOLDED NEATLY
( ) 3.06 BATH BLANKET TUCKED UNDER SHOULDERS OR HELD BY PATIENT
( ) 3.07 PILLOW PLACED ON CHAIR UNDER CLEAN LINEN
( ) 3.08 SHEET FOLDED NEATLY
( ) 3.09 PATIENT ASSISTED WITHOUT STRAIN
( ) 3.10 DRAW SHEET FOLDED CLOSE TO PATIENT, IF USED
( ) 3.11 RUBBER DRAW SHEET FOLDED CLOSE TO PATIENT, IF USED
( ) 3.12 SHEET FOLDED CLOSE TO PATIENT
( ) 3.13 MATTRESS COVER SMOOTH
( ) 3.14 FREE PORTION FOLDED CLOSE TO PATIENT'S BACK
( ) 3.15 FREE PORTION TUCKED IN CLOSE TO BACK
( ) 3.16 FREE PORTION FAN FOLDED CLOSE TO PATIENT'S BACK
( ) 3.17 PATIENT ON CLEAN SIDE OF BED
( ) 3.18 NURSE ON OPPOSITE SIDE
( ) 3.19 SOILED SHEET PLACED IN HAMPER
( ) 3.20 BED NEAT; PATIENT COMFORTABLE

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 02 BEDS AND ENVIRONMENT

USOE CODE NO(S) ______________

UNIT 03 OCCUPIED BED

TERMOB NO. 02-006 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 02 BEDS AND ENVIRONMENT
UNIT 04 CLEANING A UNIT
TERMOB NO. 02-007

1.00 CONDITION

( ) 1.01 BASIN OF HOT WATER AND DISINFECTANT
( ) 1.02 CLEANING CLOTHS
( ) 1.03 NEWSPAPER
( ) 1.04 GLOVES
( ) 1.05 BED
( ) 1.06 CHAIR

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CLEAN A UNIT EMPLOYING THE FOLLOWING PROCEDURE

( ) 2.02 STRIP BED
( ) 2.03 PUT GLOVES ON. TAKE UTENSILS TO UTILITY ROOM, CLEANSE AND SOAK IN DISINFECTANT
( ) 2.04 BRING EQUIPMENT TO UNIT AND PLACE BASIN ON NEWSPAPER ON BEDSIDE TABLE
( ) 2.05 WASH AND DRY CHAIR. WASH PLASTIC COVERED PILLOWS AND PLACE ON CHAIR
( ) 2.06 WASH FRAME OF BED AND UPPER SURFACE OF PLASTIC COVERED MATTRESS
( ) 2.07 EXPOSE HALF OF SPRING
( ) 2.08 WASH HALF OF SPRING WHICH IS EXPOSED
( ) 2.09 WASH REMAINING HALF OF SPRING
( ) 2.10 REPLACE MATTRESS AND WASH UPPER SURFACE OF MATTRESS
( ) 2.11 MAKE A CLOSED BED
( ) 2.12 PLACE NEWSPAPER AND BASIN ON CHAIR
( ) 2.13 WASH AND DRY UNIT
( ) 2.14 REPLENISH SUPPLIES

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 UNIT THOROUGHLY CLEANED TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 EFFICIENTLY
( ) 3.03 UTENSILS THOROUGHLY CLEANSED AND DISINFECTED 20 MINUTES
( ) 3.04 ALL NECESSARY EQUIPMENT BROUGHT
( ) 3.05 THOROUGHLY
( ) 3.06 THOROUGHLY
( ) 3.07 SPRING EXPOSED BY PULLING MATTRESS TO ONE SIDE

( ) 1.01 BASIN OF HOT WATER AND DISINFECTANT
( ) 1.02 CLEANING CLOTHS
( ) 1.03 NEWSPAPER
( ) 1.04 GLOVES
( ) 1.05 BED
( ) 1.06 CHAIR

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CLEAN A UNIT EMPLOYING THE FOLLOWING PROCEDURE

( ) 2.02 STRIP BED
( ) 2.03 PUT GLOVES ON. TAKE UTENSILS TO UTILITY ROOM, CLEANSE AND SOAK IN DISINFECTANT
( ) 2.04 BRING EQUIPMENT TO UNIT AND PLACE BASIN ON NEWSPAPER ON BEDSIDE TABLE
( ) 2.05 WASH AND DRY CHAIR. WASH PLASTIC COVERED PILLOWS AND PLACE ON CHAIR
( ) 2.06 WASH FRAME OF BED AND UPPER SURFACE OF PLASTIC COVERED MATTRESS
( ) 2.07 EXPOSE HALF OF SPRING
( ) 2.08 WASH HALF OF SPRING WHICH IS EXPOSED
( ) 2.09 WASH REMAINING HALF OF SPRING
( ) 2.10 REPLACE MATTRESS AND WASH UPPER SURFACE OF MATTRESS
( ) 2.11 MAKE A CLOSED BED
( ) 2.12 PLACE NEWSPAPER AND BASIN ON CHAIR
( ) 2.13 WASH AND DRY UNIT
( ) 2.14 REPLENISH SUPPLIES

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 UNIT THOROUGHLY CLEANED TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 EFFICIENTLY
( ) 3.03 UTENSILS THOROUGHLY CLEANSED AND DISINFECTED 20 MINUTES
( ) 3.04 ALL NECESSARY EQUIPMENT BROUGHT
( ) 3.05 THOROUGHLY
( ) 3.06 THOROUGHLY
( ) 3.07 SPRING EXPOSED BY PULLING MATTRESS TO ONE SIDE
( ) 3.08 THOROUGHLY
( ) 3.09 MATTRESS TURNED TO CLEAN HALF OF BED
( ) 3.10 ENTIRE UPPER SURFACE OF MATTRESS WASHED
( ) 3.11 CLOSED BED PROPERLY MADE
( ) 3.12 NEWSPAPER AND BASIN MOVED TO CHAIR
( ) 3.13 ENTIRE UNIT CLEANED
( ) 3.14 ALL NECESSARY SUPPLIES REPLENISHED

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 02 BEDS AND ENVIRONMENT

UNIT 04 CLEANING A UNIT

TERMOB NO. 02-007

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 02 BEDS AND ENVIRONMENT

UNIT 05 COMFORT MEASURES

TERMOB NO. 02-008

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 RUBBER RING
( ) 1.05 PILLOW CASE
( ) 1.06 SQUARE OF GAUZE OR AIR PUMP

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 RELIEVE PRESSURE ON PATIENT'S BUTTOCKS WITH RUBBER RING EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 OBTAIN RUBBER RING. INFLATE RING BY COVERING VALVE WITH A LAYER OF GAUZE AND BLOWING; USE AIR PUMP IF AVAILABLE
( ) 2.03 COVER RUBBER RING WITH PILLOW CASE
( ) 2.04 SLIP UNDER PATIENT'S BUTTOCKS
( ) 2.05 WASH, RINSE AND DRY THOROUGHLY WHEN RING IS NO LONGER NEEDED
( ) 2.06 RETURN TO PROPER PLACE

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PRESSURE ON BUTTOCKS RELIEVED PROPERLY TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 RING INFLATED ABOUT 1/3 FULL OF AIR
( ) 3.03 RUBBER COMPLETELY COVERED
( ) 3.04 PATIENT PROPERLY POSITIONED ON RING; VALVE BETWEEN LIMBS AND ON MALE PATIENTS TO ONE SIDE AS WELL
( ) 3.05 RING WASHED WITH WARM WATER AND STAPHENE, THOROUGHLY RINSED AND DRIED
( ) 3.06 RING RETURNED SLIGHTLY INFLATED TO PROPER PLACE

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 02 BEDS AND ENVIRONMENT

UNIT 05 COMFORT MEASURES

TERMOB NO. 02-008

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 02 BEDS AND ENVIRONMENT

UNIT 05 COMFORT MEASURES

TERMOB NO. 02-009

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 SHEET WADDING
( ) 1.05 GAUZE COTTON BANDAGE

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 RELIEVE PRESSURE ON BONY PROMINENCE AS ON HEELS OR ELBOW WITH COTTON ROLL (DOUGHNUT) EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 OBTAIN NECESSARY MATERIALS
( ) 2.03 ROLL INTO RING AND COVER WITH BANDAGE
( ) 2.04 SLIP UNDER BONY PROMINENCE
( ) 2.05 FASTEN IN PLACE IF PATIENT IS RESTLESS

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PRESSURE ON BONY PROMINENCE RELIEVED PROPERLY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 SHEET WADDING AND ROLLER BANDAGE OBTAINED
( ) 3.03 RING OF APPROPRIATE SIZE TO FIT PROMINENCE
( ) 3.04 COTTON ROLL PROPERLY POSITIONED UNDER PROMINENCE
( ) 3.05 COTTON ROLL SECURELY FASTENED IN PLACE BY BANDAGE

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 02 BEDS AND ENVIRONMENT

UNIT 05 COMFORT MEASURES

TERMOB NO. 02-009

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 02 BEDS AND ENVIRONMENT

UNIT 05 COMFORT MEASURES

TERMOB NO. 02-010

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 BED CRADLE OF DESIRED SIZE
( ) 1.05 ROLLER GAUZE NEEDED TO SECURE IT

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 CONSTRUCT A BED CRADLE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 OBTAIN EQUIPMENT AND BRING TO BEDSIDE
( ) 2.03 PLACE CRADLE IN POSITION
( ) 2.04 SECURE SIDES TO BED SPRINGS WITH ROLLER GAUZE TO HOLD IN PLACE IF CRADLE IS LARGE
( ) 2.05 ARRANGE UPPER CLOTHING; SEE THAT PART COVERED BY CRADLE IS KEPT WARM
( ) 2.06 WASH CRADLE WITH WARM WATER AND STAPHENE AND RETURN TO PROPER PLACE

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 BED CRADLE POSITIONED OVER APPROPRIATE PART OF PATIENT TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF THE PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 ALL NECESSARY EQUIPMENT OBTAINED
( ) 3.03 CRADLE POSITIONED ON BOTTOM BEDDING BEFORE UPPER PART OF BED IS MADE
( ) 3.04 CRADLE WELL SECURED AT ALL FOUR CORNERS
( ) 3.05 CLOTHING NEAT AND PATIENT PROPERLY PROTECTED
( ) 3.06 CRADLE THOROUGHLY WASHED

MISOE NO.

PROGRAM PRACTICAL NURSING
USOE CODE NO(S)

DIVISION 02 BEDS AND ENVIRONMENT
UNIT 05 COMFORT MEASURES
TERMOB NO. 02-010

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 02 BEDS AND ENVIRONMENT

UNIT 05 COMFORT MEASURES

TERMOB NO. 02-011

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 SANDBAG(S)
( ) 1.05 TOWEL OR SMALL PILLOW CASE
( ) 1.06 ROLLER GAUZE

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 IMMOBILIZE A PART BY USE OF SANDBAGS EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 OBTAIN EQUIPMENT
( ) 2.03 COVER SANDBAG WITH PILLOW CASE OR TOWEL AND SECURE WITH GAUZE IF NECESSARY
( ) 2.04 PUT SANDBAG IN PLACE
( ) 2.05 WASH SANDBAG WITH WARM WATER AND STAPHENE AND RETURN TO PROPER PLACE

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PATIENT'S LIMB IS PROPERLY IMMOBILIZED WITH SANDBAGS TO PREVENT CONTRACTIONS TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 NECESSARY EQUIPMENT OBTAINED
( ) 3.03 SANDBAG SECURELY COVERED
( ) 3.04 SANDBAG PLACED SO THAT POSITION IS MAINTAINED, LIMB IS SUPPORTED AND MOTION IS LIMITED. NO UNNECESSARY PRESSURE EXERTED ON PATIENT
( ) 3.05 SANDBAG THOROUGHLY WASHED

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 02 BEDS AND ENVIRONMENT

USOE CODE NO(S) ____________

UNIT 05 COMFORT MEASURES

TERMOB NO. 02-011

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 03 ADMISSIONS, DISCHARGES & RECORDING

UNIT 01 ADMISSIONS

TERMOB NO. 02-012

1.00 CONDITION

( ) 1.01 PATIENT'S CHART
( ) 1.02 SPHYGMOMANOMETER
( ) 1.03 STETHOSCOPE
( ) 1.04 CLINICAL THERMOMETER
( ) 1.05 WATCH WITH SECOND HAND
( ) 1.06 SPECIMEN CONTAINER AND LABEL
( ) 1.07 STUDENT
( ) 1.08 PATIENT

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 ADMIT A PATIENT EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 GREET AND IDENTIFY PATIENT. INTRODUCE YOURSELF TO PATIENT
( ) 2.03 ASK RELATIVES TO WAIT IN THE LOUNGE UNTIL THE PATIENT IS PREPARED FOR BED
( ) 2.04 ASK THE PATIENT TO BE SEATED
( ) 2.05 ORIENT HIM TO HIS NEW SURROUNDINGS, EXPLAINING SIGNAL SYSTEM AND HOSPITAL ROUTINE. INTRODUCE HIM TO HIS ROOMMATES
( ) 2.06 SCREEN AND ASSIST THE PATIENT TO UNDRESS AND PUT GOWN ON. VALUABLES AND CLOTHING CARED FOR ACCORDING TO HOSPITAL POLICY
( ) 2.07 OFFER BED PAN, URINAL, OR BATHROOM AND ASK PATIENT TO VOID
( ) 2.08 ASSEMBLE EQUIPMENT AND TAKE TO BEDSIDE
( ) 2.09 COLLECT URINE SPECIMEN AND LABEL
( ) 2.10 TAKE T.P.R. AND B.P.
( ) 2.11 WHILE ASSISTING PATIENT, OBSERVE: PATIENT'S CONDITION, MENTAL STATE, DISCOMFORT OR PAIN, LOSS OF MOTION OF ANY PART, RASH, CUTS OR SCRATCHES, DISCOLORATION, PRESENCE OF VERMIN OR PROSTHETICS
( ) 2.12 FILL OUT PATIENT INTERVIEW SHEETS
( ) 2.13 MAKE PATIENT COMFORTABLE, UNSCREEN PATIENT AND PROVIDE FRESH DRINKING WATER IF PERMITTED
( ) 2.14 COMPLETE CHART

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 03 ADMISSIONS, DISCHARGES & RECORDING

UNIT 01 ADMISSIONS

TERMOB NO. 02-012

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 03 ADMISSIONS, DISCHARGES & RECORDING

UNIT 01 ADMISSIONS

TERMOB NO. 02-012 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PATIENT ADMITTED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 POLITELY
( ) 3.03 POLITELY
( ) 3.04 PATIENT WHO IS VERY ILL OR WEAK IS PUT TO BED IMMEDIATELY
( ) 3.05 EXPLANATIONS SIMPLE, CORRECT, AND CLEAR; ANY QUESTIONS ANSWERED
( ) 3.06 PATIENT WELL SCREENED. CLOTHES NEATLY FOLDED OR HUNG
( ) 3.07 POLITELY USING TERMS THE PATIENT CAN UNDERSTAND
( ) 3.08 ALL NECESSARY EQUIPMENT ASSEMBLED
( ) 3.09 SPECIMEN CORRECTLY LABELED
( ) 3.10 ACCURATELY. RECORDED PROPERLY
( ) 3.11 OBSERVATIONS ACCURATE AND COMPLETE
( ) 3.12 CORRECTLY
( ) 3.13 PATIENT COMFORTABLE
( ) 3.14 CORRECT INFORMATION RECORDED ACCORDING TO RULES FOR CHARTING INCLUDING: TIME, METHOD OF ADMISSION, T.P.R. AND B.P., URINE SPECIMEN SENT TO LABORATORY, PERTINENT OBSERVATIONS, DISPOSITION OF VALUABLES

MISOE NO.

PROGRAM PRACTICAL NURSING

USOE CODE NO(S)

DIVISION 03 ADMISSIONS, DISCHARGES AND RECORDING

UNIT 01 ADMISSIONS

TERMOB NO. 02-012 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 03 ADMISSIONS, DISCHARGES & RECORDING

UNIT 02 DISCHARGES

TERMOB NO. 02-013

1.00 CONDITION

( ) 1.01 PATIENT
( ) 1.02 STUDENT
( ) 1.03 RELEASE FORMS

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 DISCHARGE A PATIENT EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 OBTAIN WRITTEN DISCHARGE FOR PATIENT
( ) 2.03 OBTAIN RELEASE SLIP
( ) 2.04 OFFER TO ASSIST PATIENT IN DRESSING
( ) 2.05 RETURN VALUABLES AND OBTAIN SIGNATURE ON CLOTHES LIST AS NECESSARY
( ) 2.06 ACCOMPANY PATIENT TO CAR
( ) 2.07 LEAVE NOTICE OF DISCHARGE "GREEN SLIP" AT RECEPTION DESK
( ) 2.08 COMPLETE CHART

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PATIENT PROPERLY DISCHARGED TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 WRITTEN DISCHARGE OBTAINED
( ) 3.03 RELEASE SLIP RECEIVED BEFORE PATIENT LEAVES
( ) 3.04 POLITELY
( ) 3.05 ALL VALUABLES RETURNED, LIST SIGNED
( ) 3.06 PATIENT ACCOMPANIED TO CAR
( ) 3.07 NOTICE OF DISCHARGE LEFT AT RECEPTION DESK BEFORE RETURNING TO HALL
( ) 3.08 CHART CORRECTLY COMPLETED INCLUDING: DATE AND TIME OF DISCHARGE, MANNER OF DISCHARGE (E.G. WHEELCHAIR, WALKING, AMBULANCE), WHO ACCOMPANIED PATIENT, DESTINATION OF PATIENT (E.G. HOME, NURSING HOME, ETC.), SIGNATURE

MISOE NO.

PROGRAM PRACTICAL NURSING

DIVISION 03 ADMISSIONS, DISCHARGES AND RECORDING

USOE CODE NO(S)

UNIT 02 DISCHARGES

TERMOB NO. 02-013

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 03 ADMISSIONS, DISCHARGES & RECORDING

UNIT 03 WRITTEN RECORDS

TERMOB NO. 02-014

1.00 CONDITION

( ) 1.01 STORY WITH INFORMATION ABOUT PATIENT'S STAY IN HOSPITAL
( ) 1.02 RED, BLUE, BLACK PENS
( ) 1.03 CHART
( ) 1.04 GRAPHIC SHEET
( ) 1.05 INTAKE, OUTPUT RECORD SHEET
( ) 1.06 ORDER SHEET
( ) 1.07 MEDICINE CARD
( ) 1.08 CARDEX
( ) 1.09 NURSES NOTES

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 RECORD INFORMATION EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 RECORD INFORMATION ON SHEETS
( ) 2.03 RECORD INFORMATION ON CHARTS
( ) 2.04 RECORD INFORMATION ON CARD

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 INFORMATION PROPERLY CHARTED IN ACCORDANCE WITH RULES FOR CHARTING TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 CORRECTLY
( ) 3.03 CORRECTLY
( ) 3.04 CORRECTLY

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 03 ADMISSIONS, DISCHARGES AND RECORDING

USOE CODE NO(S) ______________

UNIT 03 WRITTEN RECORDS

TERMOB NO. 02-014

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 01 TEMPERATURE

TERMOB NO. 02-015

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 CLINICAL THERMOMETER IN CLEAN INDIVIDUAL HOLDER
( ) 1.04 WIPE

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 TAKE ORAL TEMPERATURE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 DETERMINE WHETHER ORAL TEMPERATURE SHOULD BE TAKEN
( ) 2.03 REMOVE THERMOMETER FROM PATIENT'S INDIVIDUAL HOLDER
( ) 2.04 RINSE THERMOMETER
( ) 2.05 SHAKE DOWN THERMOMETER
( ) 2.06 PLACE THERMOMETER UNDER PATIENT'S TONGUE
( ) 2.07 INSTRUCT PATIENT
( ) 2.08 REMAIN WITH PATIENT
( ) 2.09 REMOVE THERMOMETER, WIPE AND READ
( ) 2.10 CHART TEMPERATURE
( ) 2.11 RINSE THERMOMETER AND REPLACE

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 ORAL TEMPERATURE ACCURATELY MEASURED TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 TEMPERATURE NOT TAKEN ORALLY IF PATIENT IS UNDER TEN YEARS OF AGE, UNCONSCIOUS, DELIRIOUS, OR MENTALLY ILL, HAS NASAL OBSTRUCTION, DYSPNEA, NASAL OR GASTRIC TUBES, OR IS RECEIVING OXYGEN, HOT OR COLD APPLICATIONS TO FACE
( ) 3.03 PATIENT'S THERMOMETER REMOVED FROM THERMOMETER SOLUTION
( ) 3.04 THERMOMETER RINSED WITH COLD WATER
( ) 3.05 THERMOMETER SHAKEN DOWN TO 96° OR BELOW BY GIVING THE WRIST SEVERAL QUICK TWISTS BEING CAREFUL TO AVOID CONTACT WITH NEARBY OBJECTS
( ) 3.06 THERMOMETER PLACED UNDER TONGUE IN A SLANTING POSITION
( ) 3.07 INSTRUCTION CORRECT, POLITE, AND AUDIBLE INCLUDING DIRECTION TO KEEP LIPS TIGHTLY CLOSED AND NOT TO BITE THERMOMETER
( ) 3.08 IRRESPONSIBLE PATIENT NOT LEFT ALONE

( ) 1.02 PATIENT
( ) 1.03 CLINICAL THERMOMETER IN CLEAN INDIVIDUAL HOLDER
( ) 1.04 WIPE

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 TAKE ORAL TEMPERATURE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 DETERMINE WHETHER ORAL TEMPERATURE SHOULD BE TAKEN
( ) 2.03 REMOVE THERMOMETER FROM PATIENT'S INDIVIDUAL HOLDER
( ) 2.04 RINSE THERMOMETER
( ) 2.05 SHAKE DOWN THERMOMETER
( ) 2.06 PLACE THERMOMETER UNDER PATIENT'S TONGUE
( ) 2.07 INSTRUCT PATIENT
( ) 2.08 REMAIN WITH PATIENT
( ) 2.09 REMOVE THERMOMETER, WIPE AND READ
( ) 2.10 CHART TEMPERATURE
( ) 2.11 RINSE THERMOMETER AND REPLACE

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 ORAL TEMPERATURE ACCURATELY MEASURED TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 TEMPERATURE NOT TAKEN ORALLY IF PATIENT IS UNDER TEN YEARS OF AGE, UNCONSCIOUS, DELIRIOUS, OR MENTALLY ILL, HAS NASAL OBSTRUCTION, DYSPNEA, NASAL OR GASTRIC TUBES, OR IS RECEIVING OXYGEN, HOT OR COLD APPLICATIONS TO FACE
( ) 3.03 PATIENT'S THERMOMETER REMOVED FROM THERMOMETER SOLUTION
( ) 3.04 THERMOMETER RINSED WITH COLD WATER
( ) 3.05 THERMOMETER SHAKEN DOWN TO 96° OR BELOW BY GIVING THE WRIST SEVERAL QUICK TWISTS BEING CAREFUL TO AVOID CONTACT WITH NEARBY OBJECTS
( ) 3.06 THERMOMETER PLACED UNDER TONGUE IN A SLANTING POSITION
( ) 3.07 INSTRUCTION CORRECT, POLITE, AND AUDIBLE INCLUDING DIRECTION TO KEEP LIPS TIGHTLY CLOSED AND NOT TO BITE THERMOMETER
( ) 3.08 IRRESPONSIBLE PATIENT NOT LEFT ALONE
( ) 3.09 AFTER 3 MINUTES. THERMOMETER WIPED FROM DISTAL END TO MERCURY TIP
( ) 3.10 CORRECT INFORMATION WRITTEN DOWN
( ) 3.11 THERMOMETER RINSED WITH COLD WATER AND REPLACED IN PROPER INDIVIDUAL HOLDER

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 01 TEMPERATURE

TERMOB NO. 02-015

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 01 TEMPERATURE

TERMOB NO. 02-016

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 CLINICAL THERMOMETER, CLEAN INDIVIDUAL HOLDER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 TAKE AXILLARY TEMPERATURE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 REMOVE THERMOMETER FROM PATIENT'S INDIVIDUAL HOLDER
( ) 2.03 RINSE
( ) 2.04 SHAKE DOWN THERMOMETER
( ) 2.05 BLOT AREA DRY WITH PATIENT'S TOWEL
( ) 2.06 PLACE BULB END OF THERMOMETER IN HOLLOW OF AXILLARY REGION
( ) 2.07 IF POSSIBLE, HAVE PATIENT CROSS HIS ARM OVER CHEST AND HOLD OPPOSITE SHOULDER
( ) 2.08 REMOVE THERMOMETER AND READ
( ) 2.09 CHART TEMPERATURE
( ) 2.10 RINSE THERMOMETER AND REPLACE

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 AXILLARY TEMPERATURE ACCURATELY MEASURED TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 RIGHT THERMOMETER SELECTED
( ) 3.03 THERMOMETER SOLUTION RINSED OFF WITH COLD WATER
( ) 3.04 THERMOMETER SHAKEN DOWN TO 96° OR BELOW
( ) 3.05 AREA PATTED DRY, NOT RUBBED
( ) 3.06 END OF THERMOMETER SLANTS TOWARDS PATIENT'S CHEST
( ) 3.07 PATIENT CROSSES ARM OVER CHEST AND HOLDS OPPOSITE SHOULDER, IF POSSIBLE
( ) 3.08 AFTER 5 MINUTES, THERMOMETER REMOVED AND READ
( ) 3.09 INFORMATION WRITTEN DOWN CORRECTLY. LETTER "A" AFTER TEMPERATURE
( ) 3.10 THERMOMETER RINSED WITH COOL WATER AND REPLACED IN PROPER INDIVIDUAL HOLDER

MISOE NO. ______

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ______

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 01 TEMPERATURE

TERMOB NO. 02-016

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 01 TEMPERATURE

TERMOB NO. 02-017

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 RECTAL THERMOMETER IN CLEAN INDIVIDUAL HOLDER
( ) 1.04 LUBRICANT
( ) 1.05 TOILET TISSUE

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 TAKE RECTAL TEMPERATURE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 REMOVE RECTAL THERMOMETER FROM CONTAINER
( ) 2.03 RINSE THERMOMETER AND DRY
( ) 2.04 SHAKE THERMOMETER DOWN
( ) 2.05 PLACE PATIENT IN SIM'S POSITION OR ON BACK WITH BOTH KNEES FLEXED
( ) 2.06 LUBRICATE END OF THERMOMETER
( ) 2.07 SEPARATE BUTTOCKS AND INSERT THERMOMETER
( ) 2.08 HOLD THERMOMETER IN PLACE
( ) 2.09 REMOVE THERMOMETER AND WIPE
( ) 2.10 READ THERMOMETER AND CHART TEMPERATURE
( ) 2.11 WASH THERMOMETER WITH SOAP AND COOL WATER USING TOILET TISSUE OR COTTON
( ) 2.12 REPLACE THERMOMETER

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 RECTAL TEMPERATURE ACCURATELY MEASURED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 RIGHT THERMOMETER SELECTED
( ) 3.03 THERMOMETER RINSED AND DRIED THOROUGHLY WITH TOILET TISSUE
( ) 3.04 THERMOMETER SHAKEN DOWN TO 96° OR BELOW
( ) 3.05 PATIENT NOT EXPOSED UNNECESSARILY
( ) 3.06 THERMOMETER END LUBRICATED USING INDIVIDUAL KY PACK
( ) 3.07 THERMOMETER GENTLY INSERTED 1 1/2 TO 2 INCHES INTO RECTUM
( ) 3.08 PATIENT NOT LEFT ALONE. THERMOMETER HELD IN PLACE THREE MINUTES

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 RECTAL THERMOMETER IN CLEAN INDIVIDUAL HOLDER
( ) 1.04 LUBRICANT
( ) 1.05 TOILET TISSUE

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 TAKE RECTAL TEMPERATURE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 REMOVE RECTAL THERMOMETER FROM CONTAINER
( ) 2.03 RINSE THERMOMETER AND DRY
( ) 2.04 SHAKE THERMOMETER DOWN
( ) 2.05 PLACE PATIENT IN SIM'S POSITION OR ON BACK WITH BOTH KNEES FLEXED
( ) 2.06 LUBRICATE END OF THERMOMETER
( ) 2.07 SEPARATE BUTTOCKS AND INSERT THERMOMETER
( ) 2.08 HOLD THERMOMETER IN PLACE
( ) 2.09 REMOVE THERMOMETER AND WIPE
( ) 2.10 READ THERMOMETER AND CHART TEMPERATURE
( ) 2.11 WASH THERMOMETER WITH SOAP AND COOL WATER USING TOILET TISSUE OR COTTON
( ) 2.12 REPLACE THERMOMETER

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 RECTAL TEMPERATURE ACCURATELY MEASURED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 RIGHT THERMOMETER SELECTED
( ) 3.03 THERMOMETER RINSED AND DRIED THOROUGHLY WITH TOILET TISSUE
( ) 3.04 THERMOMETER SHAKEN DOWN TO 96° OR BELOW
( ) 3.05 PATIENT NOT EXPOSED UNNECESSARILY
( ) 3.06 THERMOMETER END LUBRICATED USING INDIVIDUAL KY PACK
( ) 3.07 THERMOMETER GENTLY INSERTED 1 1/2 TO 2 INCHES INTO RECTUM
( ) 3.08 PATIENT NOT LEFT ALONE. THERMOMETER HELD IN PLACE THREE MINUTES
( ) 3.09 THERMOMETER CLEANED FROM DISTAL END TOWARDS BULB
( ) 3.10 TEMPERATURE CORRECTLY READ AND RECORDED FOLLOWED BY THE LETTER "R"
( ) 3.11 ALL FECAL MATTER REMOVED
( ) 3.12 THERMOMETER REPLACED IN PROPER CONTAINER

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MISOE NO.

PROGRAM PRACTICAL NURSING

USOE CODE NO(S)

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 01 TEMPERATURE

TERMOB NO. 02-017

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO.

PROGRAM PRACTICAL NURSING

DIVISION 04 VITAL SIGNS AND OBSERVATIONS
UNIT 02 HEARTBEAT OR PULSE
TERMOB NO. 02-018

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 WATCH WITH SECOND HAND

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 TAKE PULSE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 POSITION PATIENT
( ) 2.03 LOCATE PULSE
( ) 2.04 COUNT BEATS
( ) 2.05 RECORD: RATE, FORCE OF VOLUME, RHYTHM

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 PULSE COUNTED ACCURATELY, FORCE OF VOLUME AND RHYTHM OBSERVED TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT COMFORTABLE WITH PART WHERE PULSE WILL BE TAKEN SUPPORTED
( ) 3.03 PADS OF FIRST TWO FINGERS USED TO LOCATE PULSE
( ) 3.04 BEATS COUNTED FOR FULL 60 SECONDS; IRREGULAR PULSE REPORTED IMMEDIATELY, IF PRESENT
( ) 3.05 CORRECT INFORMATION CHARTED IMMEDIATELY ACCORDING TO RULES FOR CHARTING

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 02 HEARTBEAT OR PULSE

TERMOB NO. 02-018

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 02 HEARTBEAT OR PULSE

TERMOB NO. 02-019

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 STETHOSCOPE
( ) 1.04 WATCH WITH SECOND HA[illegible]
( ) 1.05 ANOTHER NURSE

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 TAKE APICAL RADIAL PULSE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 POSITION PATIENT
( ) 2.03 PLACE WATCH IN POSITION
( ) 2.04 LOCATE PULSES
( ) 2.05 COUNT APICAL PULSE AND RADIAL PULSE
( ) 2.06 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 APICAL RADIAL PULSE TAKEN ACCURATELY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT COMFORTABLE AND CONVENIENTLY POSITIONED
( ) 3.03 WATCH PLACED WHERE BOTH NURSES CAN USE IT
( ) 3.04 ACCURATELY LOCATED
( ) 3.05 PULSES COUNTED FOR ONE FULL MINUTE SIMULTANEOUSLY
( ) 3.06 CORRECT INFORMATION CHARTED IMMEDIATELY ACCORDING TO ACCEPTED CHARTING PROCEDURES

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 02 HEARTBEAT OR PULSE

TERMOB NO. 02-019

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 03 RESPIRATION

TERMOB NO. 02-020

1.00 CONDITION

( ) 1.01 STUDENT AT REST
( ) 1.02 PATIENT AT REST
( ) 1.03 WATCH WITH SECOND HAND

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 MEASURE THE RESPIRATION EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 KEEP FINGERS ON PATIENT'S WRIST AFTER TAKING PULSE
( ) 2.03 COUNT RESPIRATIONS FOR ONE MINUTE
( ) 2.04 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 RESPIRATION CORRECTLY COUNTED TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 FINGERS KEPT ON PATIENT'S WRIST AFTER PULSE TAKEN
( ) 3.03 RESPIRATIONS COUNTED ACCURATELY; MINUTE MEASURED ACCURATELY
( ) 3.04 CORRECT INFORMATION RECORDED ACCORDING TO RULES FOR CHARTING

MISOE NO.

PROGRAM PRACTICAL NURSING

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

USOE CODE NO(S)

UNIT 03 RESPIRATION

TERMOB NO. 02-020

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 04 BLOOD PRESSURE

TERMOB NO. 02-021

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 SPHYGMOMANOMETER
( ) 1.04 STETHOSCOPE
( ) 1.05 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 TAKE BLOOD PRESSURE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 RAISE BED
( ) 2.03 EXPLAIN TO PATIENT WHAT IS TO BE DONE
( ) 2.04 POSITION PATIENT
( ) 2.05 EXPOSE UPPER ARM
( ) 2.06 APPLY CUFF AROUND UPPER ARM
( ) 2.07 PLACE EAR PIECES IN EARS
( ) 2.08 LOCATE BRACHIAL PULSE WITH INDEX AND THIRD FINGER AND PLACE STETHOSCOPE OVER SITE OF BRACHIAL PULSE
( ) 2.09 CLOSE VALVE ON INFLATION BULB
( ) 2.10 PUMP THE BULB AND INFLATE THE CUFF
( ) 2.11 DEFLATE CUFF AND LISTEN INTENTLY FOR SOUNDS WHILE WATCHING COLUMN OF MERCURY FOR READING
( ) 2.12 DETECT FIRST BEAT
( ) 2.13 CONTINUE TO DEFLATE CUFF; DETECT LAST DISTINCT BEAT
( ) 2.14 RELEASE ALL PRESSURE AND REMOVE CUFF
( ) 2.15 STRAIGHTEN PATIENT'S GOWN AND LEAVE HIM COMFORTABLE
( ) 2.16 NOTE HOUR AND $\frac{\text{SYSTOLIC}}{\text{DIASTOLIC}}$ ON B/P CHART

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 ACCURATE BLOOD PRESSURE MEASUREMENTS MADE TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 BED RAISED TO HIGHEST LEVEL
( ) 3.03 EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.04 ARM SUPPORTED ON FLAT SURFACE, PALM UPPERMOST. PATIENT COMFORTABLE IN A LYING OR SITTING POSITION
( ) 3.05 SLEEVE ROLLED UP WELL ABOVE ELBOW OR REMOVED FROM ARM
( ) 3.06 CUFF APPLIED EVENLY AND SNUGLY WITH MARGIN ABOUT 2 INCHES ABOVE ELBOW BEND, TUBES EXTENDING DOWNWARD

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 SPHYGMOMANOMETER
( ) 1.04 STETHOSCOPE
( ) 1.05 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 TAKE BLOOD PRESSURE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 RAISE BED
( ) 2.03 EXPLAIN TO PATIENT WHAT IS TO BE DONE
( ) 2.04 POSITION PATIENT
( ) 2.05 EXPOSE UPPER ARM
( ) 2.06 APPLY CUFF AROUND UPPER ARM
( ) 2.07 PLACE EAR PIECES IN EARS
( ) 2.08 LOCATE BRACHIAL PULSE WITH INDEX AND THIRD FINGER AND PLACE STETHOSCOPE OVER SITE OF BRACHIAL PULSE
( ) 2.09 CLOSE VALVE ON INFLATION BULB
( ) 2.10 PUMP THE BULB AND INFLATE THE CUFF
( ) 2.11 DEFLATE CUFF AND LISTEN INTENTLY FOR SOUNDS WHILE WATCHING COLUMN OF MERCURY FOR READING
( ) 2.12 DETECT FIRST BEAT
( ) 2.13 CONTINUE TO DEFLATE CUFF; DETECT LAST DISTINCT BEAT
( ) 2.14 RELEASE ALL PRESSURE AND REMOVE CUFF
( ) 2.15 STRAIGHTEN PATIENT'S GOWN AND LEAVE HIM COMFORTABLE
( ) 2.16 NOTE HOUR AND SYSTOLIC ON B/P CHART
DIASTOLIC

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 ACCURATE BLOOD PRESSURE MEASUREMENTS MADE TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 BED RAISED TO HIGHEST LEVEL
( ) 3.03 EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.04 ARM SUPPORTED ON FLAT SURFACE, PALM UPPERMOST. PATIENT COMFORTABLE IN A LYING OR SITTING POSITION
( ) 3.05 SLEEVE ROLLED UP WELL ABOVE ELBOW OR REMOVED FROM ARM
( ) 3.06 CUFF APPLIED EVENLY AND SNUGLY WITH MARGIN ABOUT 2 INCHES ABOVE ELBOW BEND, TUBES EXTENDING DOWNWARD TOWARD PALM
( ) 3.07 SNUGLY
( ) 3.08 BRACHIAL PULSE SITE PROPERLY LOCATED
( ) 3.09 COMPLETELY
( ) 3.10 CUFF INFLATED UNTIL NO SOUND HEARD THROUGH STETHOSCOPE
( ) 3.11 CUFF DEFLATED GRADUALLY
( ) 3.12 SYSTOLIC PRESSURE NOTED CORRECTLY
( ) 3.13 DIASTOLIC PRESSURE NOTED CORRECTLY
( ) 3.14 CUFF REMOVED
( ) 3.15 PATIENT COMFORTABLE
( ) 3.16 CORRECT INFORMATION CHARTED ACCORDING TO RULES FOR CHARTING

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MISOE NO. ________________

PROGRAM	PRACTICAL NURSING	DIVISION 04	VITAL SIGNS AND OBSERVATIONS
USOE CODE NO(S)		UNIT 04	BLOOD PRESSURE
		TERMOB NO.	02-021

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND REUSLTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 05 INTAKE AND OUTPUT

TERMOB NO. 02-022

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 BEDSIDE INTAKE AND OUTPUT FORM
( ) 1.04 GRADUATED PITCHER
( ) 1.05 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 MEASURE INTAKE AND OUTPUT EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 TAKE FORM TO BEDSIDE AND EXPLAIN PROCEDURE TO PATIENT
( ) 2.03 RECORD ON BEDSIDE FORM UNDER INTAKE THE AMOUNT AND KIND OF FLUID PATIENT TAKES FROM MEAL TRAY
( ) 2.04 RECORD ON BEDSIDE FORM UNDER INTAKE ALL WATER AND OTHER LIQUIDS TAKEN BETWEEN MEALS
( ) 2.05 SAVE VOIDED SPECIMENS
( ) 2.06 POUR URINE FROM BEDPAN OR URINAL INTO GRADUATE; MEASURE AND RECORD OUTPUT ON BEDSIDE FORM
( ) 2.07 EMPTY BEDPAN, CLEAN AND RETURN TO PROPER PLACE
( ) 2.08 RINSE GRADUATE
( ) 2.09 MEASURE AND RECORD ALL OTHER LIQUIDS INCLUDING EMESIS, DRAINAGE, LIQUID STOOL
( ) 2.10 COLLECT I & O FORMS AT THE DESIGNATED TIMES AND TOTAL AMOUNTS
( ) 2.11 COPY FROM I & O RECORD ONTO CHART ACCORDING TO HOSPITAL POLICY
( ) 2.12 CHART OBSERVATIONS OF URINE AND ALL OTHER OUTPUT - COLOR, ODOR, CONSISTENCY

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 05 INTAKE AND OUTPUT

TERMOB NO. 02-022

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 04 VITAL SIGNS AND OBSERVATIONS

UNIT 05 INTAKE AND OUTPUT

TERMOB NO. 02-022 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 INTAKE AND OUTPUT ACCURATELY MEASURED AND RECORDED TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.03 CORRECT INFORMATION IMMEDIATELY RECORDED ON PROPER PART OF FORM
( ) 3.04 CORRECT INFORMATION IMMEDIATELY RECORDED ON PROPER PART OF FORM
( ) 3.05 ALL SPECIMENS SAVED
( ) 3.06 QUANTITY ACCURATELY MEASURED AND IMMEDIATELY RECORDED ON PROPER PART OF FORM
( ) 3.07 BEDPAN RETURNED CLEAN
( ) 3.08 GRADUATE RINSED WITH COLD WATER
( ) 3.09 ALL OTHER LIQUIDS ACCURATELY MEASURED AND RECORDED ON PROPER PART OF FORM
( ) 3.10 I & O FORMS COLLECTED AT DESIGNATED TIMES AND AMOUNTS TOTALED CORRECTLY
( ) 3.11 CORRECT INFORMATION CHARTED ACCORDING TO HOSPITAL POLICY
( ) 3.12 CORRECT INFORMATION CHARTED ACCORDING TO RULES FOR CHARTING

MISOE NO. ______

PROGRAM	PRACTICAL NURSING	DIVISION 04	VITAL SIGNS AND OBSERVATIONS
USOE CODE NO(S)		UNIT 05	INTAKE AND OUTPUT
		TERMOB NO.	02-022 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 05 PHYSICAL EXAMINATION

UNIT 01 GENERAL

TERMOB NO. 02-023

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 MEDICAL MANNEQUIN
( ) 1.04 EXAMINING TABLE OR BED
( ) 1.05 LINENS
( ) 1.06 STETHOSCOPE
( ) 1.07 SPHYGMOMANOMETER
( ) 1.08 TONGUE DEPRESSOR
( ) 1.09 PERCUSSION HAMMER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 PREPARE PATIENT FOR GENERAL PHYSICAL EXAMINATION EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 EXPLAIN PROCEDURE TO PATIENT
( ) 2.03 SCREEN PATIENT
( ) 2.04 SEE THAT PATIENT IS CLEAN
( ) 2.05 DRAPE PATIENT
( ) 2.06 HELP TO PLACE PATIENT IN SUPINE POSITION
( ) 2.07 ARRANGE EXAMINING EQUIPMENT

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 PATIENT PROPERLY PREPARED FOR GENERAL PHYSICAL EXAMINATION TO APPROVAL OF A PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.03 PATIENT WELL SCREENED
( ) 3.04 PATIENT CLEAN
( ) 3.05 PATIENT NOT UNNECESSARILY EXPOSED
( ) 3.06 PATIENT LYING FLAT ON BACK, ONE PILLOW ONLY
( ) 3.07 NEATLY, TO FACILITATE CONVENIENT EXAMINATION

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 05 PHYSICAL EXAMINATION

UNIT 01 GENERAL

TERMOB NO. 02-023

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. _______________

PROGRAM PRACTICAL NURSING

DIVISION 05 PHYSICAL EXAMINATION

UNIT 02 VAGINAL

TERMOB NO. 02-024

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 EXAMINING TABLE OR BED
( ) 1.05 LINENS
( ) 1.06 EQUIPMENT AND INSTRUMENTS
( ) 1.07 STERILE GLOVES AND LUBRICANT
( ) 1.08 LAMP

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 PREPARE PATIENT FOR VAGINAL EXAMINATION IN THE LITHOTOMY POSITION EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 EXPLAIN PROCEDURE TO PATIENT
( ) 2.03 SCREEN PATIENT
( ) 2.04 SEE THAT PATIENT IS CLEAN
( ) 2.05 HAVE PATIENT VOID
( ) 2.06 ARRANGE NECESSARY EQUIPMENT, INSTRUMENTS, STERILE GLOVE AND LUBRICANT
( ) 2.07 DRAPE PATIENT
( ) 2.08 PLACE PATIENT IN LITHOTOMY POSITION
( ) 2.09 ADJUST DRAPES
( ) 2.10 ADJUST LAMP

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 PATIENT PROPERLY PREPARED FOR VAGINAL EXAMINATION IN THE LITHOTOMY POSITION TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 EXPLANATION SIMPLE, CORRECT, AND AUDIBLE
( ) 3.03 PATIENT WELL SCREENED
( ) 3.04 PATIENT CLEAN
( ) 3.05 PATIENT GIVEN OPPORTUNITY AND ENCOURAGEMENT TO VOID
( ) 3.06 ALL NECESSARY EQUIPMENT, INSTRUMENTS, STERILE GLOVES AND LUBRICANT CLOSE AT HAND
( ) 3.07 PATIENT WELL DRAPED
( ) 3.08 PATIENT LYING ON BACK ON SPECIAL EXAMINING TABLE WITH BUTTOCKS AT EDGE OF TABLE AND FEET IN STIRRUPS

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 EXAMINING TABLE OR BED
( ) 1.05 LINENS
( ) 1.06 EQUIPMENT AND INSTRUMENTS
( ) 1.07 STERILE GLOVES AND LUBRICANT
( ) 1.08 LAMP

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 PREPARE PATIENT FOR VAGINAL EXAMINATION IN THE LITHOTOMY POSITION EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 EXPLAIN PROCEDURE TO PATIENT
( ) 2.03 SCREEN PATIENT
( ) 2.04 SEE THAT PATIENT IS CLEAN
( ) 2.05 HAVE PATIENT VOID
( ) 2.06 ARRANGE NECESSARY EQUIPMENT, INSTRUMENTS, STERILE GLOVE AND LUBRICANT
( ) 2.07 DRAPE PATIENT
( ) 2.08 PLACE PATIENT IN LITHOTOMY POSITION
( ) 2.09 ADJUST DRAPES
( ) 2.10 ADJUST LAMP

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 PATIENT PROPERLY PREPARED FOR VAGINAL EXAMINATION IN THE LITHOTOMY POSITION TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 EXPLANATION SIMPLE, CORRECT, AND AUDIBLE
( ) 3.03 PATIENT WELL SCREENED
( ) 3.04 PATIENT CLEAN
( ) 3.05 PATIENT GIVEN OPPORTUNITY AND ENCOURAGEMENT TO VOID
( ) 3.06 ALL NECESSARY EQUIPMENT, INSTRUMENTS, STERILE GLOVES AND LUBRICANT CLOSE AT HAND
( ) 3.07 PATIENT WELL DRAPED
( ) 3.08 PATIENT LYING ON BACK ON SPECIAL EXAMINING TABLE WITH BUTTOCKS AT EDGE OF TABLE AND FEET IN STIRRUPS
( ) 3.09 PATIENT NOT UNNECESSARILY EXPOSED
( ) 3.10 COMPLETELY ILLUMINATE AREA TO BE EXAMINED

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ______________

DIVISION 05 PHYSICAL EXAMINATION

UNIT 02 VAGINAL

TERMOB NO. 02-024

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING
DIVISION 06 HYGIENE
UNIT 01 BATHS
TERMOB NO. 02-025

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 WASH CLOTH
( ) 1.05 BATH THERMOMETER
( ) 1.06 BATH TOWEL
( ) 1.07 SOAP
( ) 1.08 2 BED PADS
( ) 1.09 BATH BLANKET
( ) 1.10 STRAIGHT CHAIR
( ) 1.11 SCOURING POWDER AND CLEANING CLOTH

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 ADMINISTER TUB BATH EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 ASSEMBLE EQUIPMENT AND BRING TO BATHROOM
( ) 2.03 FILL TUB PARTIALLY FULL OF WATER
( ) 2.04 PLACE A BED PAD ON THE FLOOR AS A BATH MAT
( ) 2.05 PLACE A BED PAD ON BOTTOM OF TUB
( ) 2.06 PLACE BATH BLANKET ON CHAIR
( ) 2.07 PLACE FACE CLOTH, FACE TOWEL AND BATH TOWEL ON TOWEL RACK, AND SOAP IN SOAP DISH
( ) 2.08 BRING PATIENT TO BATHROOM
( ) 2.09 REMOVE GOWN AND ASSIST PATIENT INTO TUB
( ) 2.10 ASSIST WITH BATH AS NEEDS INDICATE
( ) 2.11 REMAIN WITH PATIENT AS NECESSARY
( ) 2.12 CHECK PATIENT EVERY FIVE MINUTES AND DO NOT LEAVE IN TUB MORE THAN 15 MINUTES
( ) 2.13 DO NOT ALLOW PATIENT TO LOCK DOOR
( ) 2.14 IF PATIENT BECOMES WEAK OR FAINTS, DRAIN WATER, WRAP PATIENT IN BATH BLANKET AND RING FOR HELP
( ) 2.15 HELP PATIENT OUT OF TUB
( ) 2.16 DRAPE PATIENT WITH BATH BLANKET AND LET HER SIT DOWN ON CHAIR
( ) 2.17 DRY PATIENT WITH BATH TOWEL
( ) 2.18 DRESS PATIENT OR REPLACE GOWN
( ) 2.19 ASSIST PATIENT BACK TO HER ROOM
( ) 2.20 CLEAN BATHROOM
( ) 2.21 CHART: DATE, HOUR, TUB BATH, OBSERVATIONS, EFFECT OF PROCEDURE UPON PATIENT, SIGNATURE

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 06 HYGIENE

UNIT 01 BATHS

TERMOB NO. 02-025

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

UNIT 01 BATHS

TERMOB NO. 02-025 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PATIENT THOROUGHLY CLEANED IN PROPERLY ADMINISTERED TUB BATH TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 25 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 ALL NECESSARY EQUIPMENT BROUGHT TO BATHROOM
( ) 3.03 TUB 1/3 TO 1/2 FULL OF 100-105° WATER
( ) 3.04 BED PAD PLACED ON FLOOR NEAR TUB
( ) 3.05 BED PAD PLACED ON BOTTOM OF TUB
( ) 3.06 BATH BLANKET PLACED ON SEAT OF CHAIR
( ) 3.07 TOWELS PLACED ON RACK, SOAP IN DISH
( ) 3.08 PATIENT BROUGHT TO BATHROOM PROPERLY COVERED
( ) 3.09 PATIENT SAFELY ASSISTED INTO TUB WITHOUT STRAIN TO NURSE OR PATIENT
( ) 3.10 PATIENT NEEDING HELP WITH WASHING IS GIVEN HELP
( ) 3.11 PATIENT NOT LEFT ALONE UNLESS MEANS FOR CALLING NURSE IS AVAILABLE
( ) 3.12 IF PATIENT IS LEFT ALONE, PATIENT IS CHECKED EVERY 5 MINUTES AND NOT LEFT IN TUB LONGER THAN 15 MINUTES
( ) 3.13 PATIENT NOT PERMITTED TO LOCK DOOR
( ) 3.14 IF PATIENT BECOMES FAINT OR WEAK, WATER IS DRAINED FROM TUB, PATIENT WRAPPED IN BATH BLANKET, AND HELP IS RUNG FOR
( ) 3.15 PATIENT ASSISTED SAFELY WITHOUT STRAIN TO NURSE OR PATIENT
( ) 3.16 PATIENT DRAPED WITH BATH BLANKET AND ALLOWED TO SIT ON CHAIR
( ) 3.17 PATIENT THOROUGHLY DRIED
( ) 3.18 PATIENT DRESSED WITHOUT DISCOMFORT
( ) 3.19 PATIENT ASSISTED BACK TO ROOM
( ) 3.20 BATHROOM LEFT CLEAN
( ) 3.21 CORRECT INFORMATION CHARTED ACCORDING TO RULES FOR CHARTING

MISOE NO. ________________

PROGRAM	PRACTICAL NURSING	DIVISION 06	HYGIENE
USOE CODE NO(S)		UNIT 01	BATHS
		TERMOB NO.	02-025 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

UNIT 01 BATHS

TERMOB NO. 02-026

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 BED LINEN AS NECESSARY
( ) 1.05 BATH BLANKET
( ) 1.06 BATH BASIN
( ) 1.07 SOAP
( ) 1.08 WASH CLOTH
( ) 1.09 FACE TOWEL
( ) 1.10 BRUSH AND COMB
( ) 1.11 BATH TOWEL
( ) 1.12 GOWN
( ) 1.13 LOTION AND POWDER
( ) 1.14 EQUIPMENT FOR ORAL HYGIENE
( ) 1.15 EQUIPMENT FOR NAIL CARE
( ) 1.16 BEDPAN OR URINAL AND COVER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 GIVE A BED BATH EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PREPARE ROOM
( ) 2.03 OBTAIN LINEN AND ARRANGE ON CHAIR; PLACE RECEPTACLE FOR SOILED LINEN IN POSITION
( ) 2.04 SECURE EQUIPMENT FROM THE BEDSIDE STAND AND ARRANGE
( ) 2.05 SCREEN PATIENT, RAISE BED
( ) 2.06 PUT ON BATH BLANKET AND REMOVE TOP BED CLOTHES
( ) 2.07 EXAMINE PATIENT FOR ANY ABNORMALITIES SUCH AS RASH, BURN, DISCOLORATION OR DECUBITI
( ) 2.08 REMOVE SOAP FROM WATER BASIN
( ) 2.09 GIVE MOUTH CARE
( ) 2.10 OFFER BED PAN
( ) 2.11 LOWER BACK REST; REMOVE ALL BUT ONE PILLOW
( ) 2.12 FILL BATH BASIN PARTIALLY FULL
( ) 2.13 HAVE PATIENT MOVE TO SIDE OF BED
( ) 2.14 PLACE FACE TOWEL ACROSS BATH BLANKET
( ) 2.15 FOLD WASH CLOTH AROUND HAND
( ) 2.16 WASH FACE, NECK AND EARS; RINSE, DRY WITH FACE TOWEL
( ) 2.17 PLACE BATH TOWEL UNDER PATIENT'S FAR ARM; WASH, RINSE AND DRY ARM AND HAND. REPEAT ON OTHER ARM
( ) 2.18 CLEAN AND FILE NAILS AS NECESSARY
( ) 2.19 FOLD BATH BLANKET TO WAIST. WASH CHEST AREA UNDER TOWEL; RINSE AND DRY WELL
( ) 2.20 TURN BATH TOWEL LENGTHWISE TO COVER CHEST AND ABDOMEN; REPLACE BATH TOWEL WITH BATH BLANKET
( ) 2.21 FLEX KNEE, EXPOSE THIGH, LEG AND FOOT

( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 BED LINEN AS NECESSARY
( ) 1.05 BATH BLANKET
( ) 1.06 BATH BASIN
( ) 1.07 SOAP
( ) 1.08 WASH CLOTH
( ) 1.09 FACE TOWEL
( ) 1.10 BRUSH AND COMB
( ) 1.11 BATH TOWEL
( ) 1.12 GOWN
( ) 1.13 LOTION AND POWDER
( ) 1.14 EQUIPMENT FOR ORAL HYGIENE
( ) 1.15 EQUIPMENT FOR NAIL CARE
( ) 1.16 BEDPAN OR URINAL AND COVER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 GIVE A BED BATH EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PREPARE ROOM
( ) 2.03 OBTAIN LINEN AND ARRANGE ON CHAIR; PLACE RECEPTACLE FOR SOILED LINEN IN POSITION
( ) 2.04 SECURE EQUIPMENT FROM THE BEDSIDE STAND AND ARRANGE
( ) 2.05 SCREEN PATIENT, RAISE BED
( ) 2.06 PUT ON BATH BLANKET AND REMOVE TOP BED CLOTHES
( ) 2.07 EXAMINE PATIENT FOR ANY ABNORMALITIES SUCH AS RASH, BURN, DISCOLORATION OR DECUBITI
( ) 2.08 REMOVE SOAP FROM WATER BASIN
( ) 2.09 GIVE MOUTH CARE
( ) 2.10 OFFER BED PAN
( ) 2.11 LOWER BACK REST; REMOVE ALL BUT ONE PILLOW
( ) 2.12 FILL BATH BASIN PARTIALLY FULL
( ) 2.13 HAVE PATIENT MOVE TO SIDE OF BED
( ) 2.14 PLACE FACE TOWEL ACROSS BATH BLANKET
( ) 2.15 FOLD WASH CLOTH AROUND HAND
( ) 2.16 WASH FACE, NECK AND EARS; RINSE, DRY WITH FACE TOWEL
( ) 2.17 PLACE BATH TOWEL UNDER PATIENT'S FAR ARM; WASH, RINSE AND DRY ARM AND HAND. REPEAT ON OTHER ARM
( ) 2.18 CLEAN AND FILE NAILS AS NECESSARY
( ) 2.19 FOLD BATH BLANKET TO WAIST. WASH CHEST AREA UNDER TOWEL; RINSE AND DRY WELL
( ) 2.20 TURN BATH TOWEL LENGTHWISE TO COVER CHEST AND ABDOMEN; REPLACE BATH TOWEL WITH BATH BLANKET
( ) 2.21 FLEX KNEE, EXPOSE THIGH, LEG AND FOOT
( ) 2.22 PLACE BATH TOWEL LENGTHWISE UNDER LEG. PLACE BASIN ON TOWEL AND PUT FOOT IN BASIN; WASH AND RINSE LEG AND FOOT AND DRY WELL. REPEAT FOR OTHER LEG AND FOOT
( ) 2.23 PLACE BATH TOWEL UNDER FEET, CLEAN AND TRIM TOENAILS
( ) 2.24 CHANGE WATER
( ) 2.25 ASSIST PATIENT TO TURN ON SIDE AWAY FROM NURSE OR ON ABDOMEN; PLACE BATH TOWEL PARALLEL TO PATIENT's BACK; WASH ENTIRE BACK
( ) 2.26 RINSE AND DRY
( ) 2.27 REPLACE BATH TOWEL AND GIVE BACK RUB

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 06 HYGIENE

UNIT 01 BATHS

TERMOB NO. 02-026

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

UNIT 01 BATHS

TERMOB NO. 02-026 (CONT.)

2.00 PERFORMANCE (CONT.)

( ) 2.28 PROVIDE WASH CLOTH, SOAP AND TOWEL AND INSTRUCT PATIENT TO FINISH BATH BY WASHING GENITALIA
( ) 2.29 PLACE TOWELS AND WASH CLOTH WITH SOILED LINEN; PROVIDE GOWN
( ) 2.30 COMB THE HAIR
( ) 2.31 REMAKE THE BED; PLACE PATIENT IN COMFORTABLE POSITION; ATTACH SIGNAL CORD
( ) 2.32 EMPTY BATH BASIN, CLEAN AND RETURN ALL BATH EQUIPMENT
( ) 2.33 PLACE CLEAN TOWELS AND WASH CLOTH IN BEDSIDE STAND
( ) 2.34 REPLACE BEDSIDE STAND; LEAVE UNIT IN ORDER
( ) 2.35 DISCARD SOILED LINEN
( ) 2.36 CHART: TIME, PROCEDURE, BED BATH, OBSERVATIONS

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PATIENT GIVE BED BATH TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 60 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 WINDOWS CLOSED TO SHUT OUT DRAFTS
( ) 3.03 LINEN ARRANGED IN ORDER OF USE
( ) 3.04 ALL NECESSARY EQUIPMENT SECURED AND ARRANGED CONVENIENTLY
( ) 3.05 PATIENT WELL SCREENED, BED RAISED TO HIGHEST LEVEL
( ) 3.06 TOP BEDCLOTHES FOLDED LENGTHWISE, HUNG ON BACK OF CHAIR
( ) 3.07 ANY ABNORMALITIES PRESENT ARE NOTED BY NURSE
( ) 3.08 SOAP REMOVED FROM WATER BASIN
( ) 3.09 MOUTH CARE GIVEN
( ) 3.10 BED PAN OFFERED
( ) 3.11 BACK REST LOWERED AND ALL BUT ONE PILLOW REMOVED
( ) 3.12 BASIN FILLED 2/3 FULL
( ) 3.13 PATIENT MOVED TO SIDE OF BED TOWARD NURSE
( ) 3.14 FACE TOWEL PLACED ACROSS UPPER EDGE OF BATH BLANKET
( ) 3.15 WASH CLOTH FOLDED AROUND HAND TO FORM MITTEN
( ) 3.16 FACE, NECK, AND EARS THOROUGHLY WASHED, RINSED AND DRIED
( ) 3.17 BATH TOWEL PLACED LENGTHWISE UNDER ARM, WASHED THOROUGHLY
( ) 3.18 NAILS FILED AND CLEANED, IF NECESSARY
( ) 3.19 CHEST AREA THOROUGHLY WASHED, RINSED, AND DRIED
( ) 3.20 PATIENT'S CHEST AND ABDOMEN COVERED
( ) 3.21 KNEE FARTHEST AWAY FROM NURSE FLEXED
( ) 3.22 HEEL OF FOOT HELD FOR ADEQUATE SUPPORT, WASHED THOROUGHLY
( ) 3.23 TOENAILS NOT TRIMMED IF PATIENT IS DIABETIC
( ) 3.24 WATER CHANGED
( ) 3.25 PATIENT ASSISTED WITHOUT STRAIN, BACK THOROUGHLY WASHED
( ) 3.26 THOROUGHLY
( ) 3.27 BACK RUB PROPERLY GIVEN
( ) 3.28 INSTRUCTIONS CLEAR, POLITE, AND AUDIBLE; IF PATIENT IS UNABLE TO COMPLETE BATH, NURSE WILL DO SO

TO FINISH BATH BY WASHING GENITALIA
( ) 2.29 PLACE TOWELS AND WASH CLOTH WITH SOILED LINEN; PROVIDE GOWN
( ) 2.30 COMB THE HAIR
( ) 2.31 REMAKE THE BED; PLACE PATIENT IN COMFORTABLE POSITION; ATTACH SIGNAL CORD
( ) 2.32 EMPTY BATH BASIN, CLEAN AND RETURN ALL BATH EQUIPMENT
( ) 2.33 PLACE CLEAN TOWELS AND WASH CLOTH IN BEDSIDE STAND
( ) 2.34 REPLACE BEDSIDE STAND; LEAVE UNIT IN ORDER
( ) 2.35 DISCARD SOILED LINEN
( ) 2.36 CHART: TIME, PROCEDURE, BED BATH, OBSERVATIONS

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 PATIENT GIVE BED BATH TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 60 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 WINDOWS CLOSED TO SHUT OUT DRAFTS
( ) 3.03 LINEN ARRANGED IN ORDER OF USE
( ) 3.04 ALL NECESSARY EQUIPMENT SECURED AND ARRANGED CONVENIENTLY
( ) 3.05 PATIENT WELL SCREENED, BED RAISED TO HIGHEST LEVEL
( ) 3.06 TOP BEDCLOTHES FOLDED LENGTHWISE, HUNG ON BACK OF CHAIR
( ) 3.07 ANY ABNORMALITIES PRESENT ARE NOTED BY NURSE
( ) 3.08 SOAP REMOVED FROM WATER BASIN
( ) 3.09 MOUTH CARE GIVEN
( ) 3.10 BED PAN OFFERED
( ) 3.11 BACK REST LOWERED AND ALL BUT ONE PILLOW REMOVED
( ) 3.12 BASIN FILLED 2/3 FULL
( ) 3.13 PATIENT MOVED TO SIDE OF BED TOWARD NURSE
( ) 3.14 FACE TOWEL PLACED ACROSS UPPER EDGE OF BATH BLANKET
( ) 3.15 WASH CLOTH FOLDED AROUND HAND TO FORM MITTEN
( ) 3.16 FACE, NECK, AND EARS THOROUGHLY WASHED, RINSED AND DRIED
( ) 3.17 BATH TOWEL PLACED LENGTHWISE UNDER ARM, WASHED THOROUGHLY
( ) 3.18 NAILS FILED AND CLEANED, IF NECESSARY
( ) 3.19 CHEST AREA THOROUGHLY WASHED, RINSED, AND DRIED
( ) 3.20 PATIENT'S CHEST AND ABDOMEN COVERED
( ) 3.21 KNEE FARTHEST AWAY FROM NURSE FLEXED
( ) 3.22 HEEL OF FOOT HELD FOR ADEQUATE SUPPORT, WASHED THOROUGHLY
( ) 3.23 TOENAILS NOT TRIMMED IF PATIENT IS DIABETIC
( ) 3.24 WATER CHANGED
( ) 3.25 PATIENT ASSISTED WITHOUT STRAIN, BACK THOROUGHLY WASHED
( ) 3.26 THOROUGHLY
( ) 3.27 BACK RUB PROPERLY GIVEN
( ) 3.28 INSTRUCTIONS CLEAR, POLITE, AND AUDIBLE; IF PATIENT IS UNABLE TO COMPLETE BATH, NURSE WILL DO SO
( ) 3.29 CLEAN GOWN PROVIDED
( ) 3.30 HAIR COMBED NEATLY
( ) 3.31 BED NEAT; PATIENT COMFORTABLE
( ) 3.32 ALL BATH EQUIPMENT RETURNED CLEAN
( ) 3.33 CLEAN TOWELS AND WASH CLOTH PLACED IN STAND
( ) 3.34 BEDSIDE STAND WITHIN PATIENT'S REACH
( ) 3.35 SOILED LINEN DISCARDED
( ) 3.36 CORRECT INFORMATION CHARTED ACCORDING TO RULES FOR CHARTING

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MISOE NO. ____________

PROGRAM	PRACTICAL NURSING	DIVISION 06	HYGIENE
USOE CODE NO(S)		UNIT 01	BATHS
		TERMOB NO.	02-026 (CONT.)

2.00 PERFORMANCE (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

UNIT 02 GENERAL CARE

TERMOB NO. 02-027

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 UTENSILS FOR MOUTH CARE
( ) 1.05 BATH BASIN
( ) 1.06 TOILET ARTICLES
( ) 1.07 LOTION AND POWDER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 ADMINISTER AFTERNOON CARE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 RAISE BED
( ) 2.03 SCREEN UNIT AND OFFER BEDPAN AND/OR URINAL
( ) 2.04 FILL WASH BASIN AND MOUTH CUP
( ) 2.05 EMPTY BEDPAN AND/OR URINAL
( ) 2.06 FOLD TOP BEDDING BACK AND PLACE TOWEL ACROSS PATIENT'S CHEST
( ) 2.07 ASSIST PATIENT WITH ORAL HYGIENE AS NECESSARY
( ) 2.08 ASSIST PATIENT AS NECESSARY TO BATHE FACE AND HANDS
( ) 2.09 TURN PATIENT TO COMFORTABLE POSITION AND DRAPE THE BEDDING FOR BACK RUB; GIVE BACK RUB
( ) 2.10 BRUSH CRUMBS, ETC., FROM BED AND TIGHTEN BEDDING
( ) 2.11 FLUFF AND REPLACE PILLOWS; REARRANGE TOP BEDDING - PLACE CALL BELL WITHIN REACH
( ) 2.12 OFFER NOURISHMENT
( ) 2.13 REMOVE EQUIPMENT AND LEAVE UNIT IN ORDER

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 AFTERNOON CARE PROPERLY ADMINISTERED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 BED RAISED TO HIGHEST LEVEL
( ) 3.03 UNIT WELL SCREENED
( ) 3.04 BATH BASIN AND MOUTH CUP FILLED
( ) 3.05 BED PAN AND/OR URINAL EMPTIED AND RINSED
( ) 3.06 BEDDING FOLDED BACK ONE TURN
( ) 3.07 HANDS AND FACE BATHED

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 UTENSILS FOR MOUTH CARE
( ) 1.05 BATH BASIN
( ) 1.06 TOILET ARTICLES
( ) 1.07 LOTION AND POWDER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 ADMINISTER AFTERNOON CARE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 RAISE BED
( ) 2.03 SCREEN UNIT AND OFFER BEDPAN AND/OR URINAL
( ) 2.04 FILL WASH BASIN AND MOUTH CUP
( ) 2.05 EMPTY BEDPAN AND/OR URINAL
( ) 2.06 FOLD TOP BEDDING BACK AND PLACE TOWEL ACROSS PATIENT'S CHEST
( ) 2.07 ASSIST PATIENT WITH ORAL HYGIENE AS NECESSARY
( ) 2.08 ASSIST PATIENT AS NECESSARY TO BATHE FACE AND HANDS
( ) 2.09 TURN PATIENT TO COMFORTABLE POSITION AND DRAPE THE BEDDING FOR BACK RUB; GIVE BACK RUB
( ) 2.10 BRUSH CRUMBS, ETC., FROM BED AND TIGHTEN BEDDING
( ) 2.11 FLUFF AND REPLACE PILLOWS; REARRANGE TOP BEDDING - PLACE CALL BELL WITHIN REACH
( ) 2.12 OFFER NOURISHMENT
( ) 2.13 REMOVE EQUIPMENT AND LEAVE UNIT IN ORDER

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 AFTERNOON CARE PROPERLY ADMINISTERED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 BED RAISED TO HIGHEST LEVEL
( ) 3.03 UNIT WELL SCREENED
( ) 3.04 BATH BASIN AND MOUTH CUP FILLED
( ) 3.05 BED PAN AND/OR URINAL EMPTIED AND RINSED
( ) 3.06 BEDDING FOLDED BACK ONE TURN
( ) 3.07 HANDS AND FACE BATHED
( ) 3.08 ORAL HYGIENE PERFORMED
( ) 3.09 BACK RUB GIVEN
( ) 3.10 BED NEAT
( ) 3.11 CALL BELL WITHIN EASY REACH OF PATIENT
( ) 3.12 PATIENT WHOSE DIET DOES NOT PERMIT FOOD AT THIS TIME IS NOT OFFERED FOOD
( ) 3.13 ALL EQUIPMENT REMOVED

MISOE NO. ____________________

PROGRAM	PRACTICAL NURSING	DIVISION	06	HYGIENE
USOE CODE NO(S)		UNIT	02	GENERAL CARE
		TERMOB NO.		02-027

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

UNIT 02 GENERAL CARE

TERMOB NO. 02-028

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 UTENSILS FOR MOUTH CARE
( ) 1.05 BATH BASIN
( ) 1.06 TOILET ARTICLES
( ) 1.07 LOTION AND POWDER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 ADMINISTER EVENING CARE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 SCREEN UNIT AND OFFER BEDPAN - RAISE BED
( ) 2.03 TURN PATIENT AND DRAPE BEDDING FOR BACK RUB; GIVE BACK RUB
( ) 2.04 TIGHTEN LOWER BEDDING AND MAKE PATIENT COMFORTABLE
( ) 2.05 OFFER EXTRA BLANKET
( ) 2.06 REARRANGE TOP BEDDING
( ) 2.07 OFFER NOURISHMENT IF DIET PERMITS
( ) 2.08 REMOVE EQUIPMENT

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 EVENING CARE PROPERLY ADMINISTERED TO PATIENT TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 UNIT WELL SCREENED; BED RAISED TO HIGHEST LEVEL
( ) 3.03 PATIENT TURNED TO COMFORTABLE POSITION PRIOR TO BACK RUB
( ) 3.04 PATIENT COMFORTABLE
( ) 3.05 EXTRA BLANKET OFFERED
( ) 3.06 BEDDING NEAT
( ) 3.07 NOURISHMENT NOT OFFERED IF FORBIDDEN ON DIET
( ) 3.08 UNIT LEFT ORDERLY

MISOE NO. ________________

PROGRAM PRACTICAL NURSING
USOE CODE NO(S) ________________

DIVISION 06 HYGIENE
UNIT 02 GENERAL CARE
TERMOB NO. 02-028

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

UNIT 03 HEAD CARE

TERMOB NO. 02-029

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 COMB
( ) 1.05 HAIR BRUSH
( ) 1.06 TOWEL
( ) 1.07 HAIR PINS
( ) 1.08 NEWSPAPER
( ) 1.09 RIBBON OR GAUZE AS NEEDED

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 COMB THE HAIR EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PLACE TOWEL IN POSITION
( ) 2.03 TURN PATIENT'S HEAD TO ONE SIDE
( ) 2.04 PART HAIR IN SECTIONS
( ) 2.05 COMB AND BRUSH EACH SECTION
( ) 2.06 ARRANGE HAIR
( ) 2.07 ADJUST TOWEL AND REPEAT PROCEDURE ON OPPOSITE SIDE
( ) 2.08 PUT COMBINGS ONTO NEWSPAPER
( ) 2.09 PLACE HAND UNDER THE NAPE OF THE NECK WHILE DOING THE BACK OF THE HEAD

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 HAIR COMBED NEATLY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 TOWEL PLACED UNDER HEAD AND OVER SHOULDER
( ) 3.03 PATIENT COMFORTABLE
( ) 3.04 MANAGEABLE SECTIONS OF HAIR OBTAINED
( ) 3.05 COMB FROM ENDS OF HAIR TOWARD SCALP, TANGLES REMOVED, BRUSHED FROM SCALP TO END OF HAIR
( ) 3.06 NEATLY
( ) 3.07 PROCEDURE REPEATED ON OPPOSITE SIDE
( ) 3.08 ALL COMBINGS COLLECTED NEATLY ON NEWSPAPER
( ) 3.09 HEAD AND NECK SUPPORTED FIRMLY

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

USOE CODE NO(S) ____________

UNIT 03 HEAD CARE

TERMOB NO. 02-029

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

UNIT 03 HEAD CARE

TERMOB NO. 02-030

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 LARGE BASIN OR BUCKET
( ) 1.05 TWO PITCHERS - ONE LARGE, ONE SMALL
( ) 1.06 4 OZ. LEMON OR VINEGAR SOLUTION (1:20)
( ) 1.07 4 OZ. SOAP SOLUTION OR SHAMPOO
( ) 1.08 THREE BATH TOWELS
( ) 1.09 ONE WASH CLOTH
( ) 1.10 BATH BLANKET
( ) 1.11 TWO RUBBER SHEETS - ONE LARGE, ONE SMALL
( ) 1.12 BRUSH AND COMB
( ) 1.13 NEWSPAPER, COTTON FOR EARS, SAFETY PIN

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 GIVE A HEAD SHAMPOO EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 EXPLAIN PROCEDURE TO PATIENT; DRAPE PATIENT
( ) 2.03 ASSEMBLE EQUIPMENT; FILL PITCHERS WITH WATER; BRING EQUIPMENT TO BEDSIDE
( ) 2.04 PLACE BASIN OR PAIL ON CHAIR NEAR HEAD OF BED
( ) 2.05 FOLD LARGE RUBBER SHEET INTO TROUGH SHAPE AND POSITION ON BED
( ) 2.06 PIN TOWEL AROUND PATIENT'S NECK AND SHOULDERS; PLACE COTTON IN PATIENT'S EAR
( ) 2.07 BRING PATIENT TO SIDE OF BED; PLACE RUBBER COVERED PILLOW UNDER SCAPULAR REGION
( ) 2.08 PLACE WASH CLOTH OVER PATIENT'S EYES
( ) 2.09 WET HAIR; APPLY SHAMPOO, LATHER WELL, MASSAGE WELL, RINSE
( ) 2.10 REPEAT PROCESS AS NECESSARY
( ) 2.11 IF PATIENT DESIRES, POUR LEMON OR VINEGAR SOLUTION OVER HAIR AND SCALP; RINSE
( ) 2.12 REMOVE RUBBER TROUGH TO BASIN OR BUCKET AND ALLOW PATIENT TO REST HEAD ON RUBBER PROTECTOR AND TOWEL AT HEAD OF BED
( ) 2.13 DRY HAIR, COMB AND BRUSH (FINE-COMB, IF INDICATED)
( ) 2.14 CHANGE GOWN IF NECESSARY; REARRANGE BEDDING
( ) 2.15 REMOVE AND CLEAN EQUIPMENT; LEAVE UNIT IN ORDER

MISOE NO.

PROGRAM PRACTICAL NURSING
DIVISION 06 HYGIENE
USOE CODE NO(S)
UNIT 03 HEAD CARE
TERMOB NO. 02-030

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

UNIT 03 HEAD CARE

TERMOB NO. 02-030 (CONT)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 HEAD SHAMPOO PROPERLY GIVEN IN BED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.03 LARGE PITCHER CONTAINS 110° F. WATER; SMALL PITCHER CONTAINS 100° F. WATER
( ) 3.04 CHAIR PROTECTED WITH NEWSPAPER
( ) 3.05 ADEQUATELY COLLECT WATER AND FUNNEL IT INTO PAIL OR BUCKET
( ) 3.06 TOWEL PINNED SECURELY
( ) 3.07 PATIENT WELL OVER TO SIDE OF BED
( ) 3.08 PATIENT'S EYES COVERED BY WASH CLOTH
( ) 3.09 HAIR WET THOROUGHLY WITH WATER FROM SMALL PITCHER
( ) 3.10 HAIR SHAMPOOED AND RINSED UNTIL CLEAN
( ) 3.11 ACIDIC RINSE IS WELL RINSED
( ) 3.12 PATIENT AND BED PROTECTED FROM WETNESS
( ) 3.13 HAIR WELL DRIED AND NEATLY COMBED
( ) 3.14 BED AND PATIENT NEAT AND DRY
( ) 3.15 UNIT LEFT IN ORDER, EQUIPMENT RETURNED CLEAN

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 06 HYGIENE

UNIT 03 HEAD CARE

TERMOB NO. 02-030 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

UNIT 04 BACK CARE

TERMOB NO. 02-031

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 LOTION
( ) 1.05 TALCUM POWDER
( ) 1.06 BATH TOWEL

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 ADMINISTER CARE OF THE BACK EMPLOYING THE FOLLOWING RROCEDURE:

( ) 2.02 WASH HANDS
( ) 2.03 EXPLAIN THE PROCEDURE TO PATIENT AND SCREEN UNIT
( ) 2.04 ASSEMBLE THE EQUIPMENT ON BEDSIDE TABLE
( ) 2.05 RAISE BED
( ) 2.06 LOWER THE HEAD OF BED AND IF ALLOWED, REMOVE ALL BUT ONE PILLOW FROM BED
( ) 2.07 LOOSEN OR REMOVE GOWN; IF PATIENT HAS AN ABDOMINAL BINDER, REMOVE IT BEFORE RUBBING BACK
( ) 2.08 ASSIST PATIENT IN TURNING ON HIS SIDE OR ABDOMEN
( ) 2.09 PLACE BATH TOWEL ON BED
( ) 2.10 POUR LOTION INTO YOUR HANDS AND RUB BACK
( ) 2.11 SPECIAL ATTENTION SHOULD BE GIVEN TO PRESSURE AREAS
( ) 2.12 END THE BACK RUB WITH LONG, LIGHT STROKING MOVEMENTS
( ) 2.13 POWDER BACK AND FOLLOW RUB AS WITH LOTION
( ) 2.14 ASSIST PATIENT ONTO HIS BACK AND REPLACE ABDOMINAL BINDER AND GOWN IF THEY WERE REMOVED
( ) 2.15 MAKE PATIENT COMFORTABLE
( ) 2.16 RETURN EQUIPMENT TO ITS PROPER PLACE AND LEAVE UNIT TIDY
( ) 2.17 IF PERTINENT, RECORD TIME AND CONDITION OF PATIENT'S BAC

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 BACK CARE ADMINISTERED TO PATIENT TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 THOROUGHLY
( ) 3.03 EXPLANATION SIMPLE, CORRECT AND AUDIBLE; UNIT MODESTLY SCREENED

( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 LOTION
( ) 1.05 TALCUM POWDER
( ) 1.06 BATH TOWEL

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 ADMINISTER CARE OF THE BACK EMPLOYING THE FOLLOWING RROCEDURE:

( ) 2.02 WASH HANDS
( ) 2.03 EXPLAIN THE PROCEDURE TO PATIENT AND SCREEN UNIT
( ) 2.04 ASSEMBLE THE EQUIPMENT ON BEDSIDE TABLE
( ) 2.05 RAISE BED
( ) 2.06 LOWER THE HEAD OF BED AND IF ALLOWED, REMOVE ALL BUT ONE PILLOW FROM BED
( ) 2.07 LOOSEN OR REMOVE GOWN; IF PATIENT HAS AN ABDOMINAL BINDER, REMOVE IT BEFORE RUBBING BACK
( ) 2.08 ASSIST PATIENT IN TURNING ON HIS SIDE OR ABDOMEN
( ) 2.09 PLACE BATH TOWEL ON BED
( ) 2.10 POUR LOTION INTO YOUR HANDS AND RUB BACK
( ) 2.11 SPECIAL ATTENTION SHOULD BE GIVEN TO PRESSURE AREAS
( ) 2.12 END THE BACK RUB WITH LONG, LIGHT STROKING MOVEMENTS
( ) 2.13 POWDER BACK AND FOLLOW RUB AS WITH LOTION
( ) 2.14 ASSIST PATIENT ONTO HIS BACK AND REPLACE ABDOMINAL BINDER AND GOWN IF THEY WERE REMOVED
( ) 2.15 MAKE PATIENT COMFORTABLE
( ) 2.16 RETURN EQUIPMENT TO ITS PROPER PLACE AND LEAVE UNIT TIDY
( ) 2.17 IF PERTINENT, RECORD TIME AND CONDITION OF PATIENT'S BAC

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 BACK CARE ADMINISTERED TO PATIENT TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 THOROUGHLY
( ) 3.03 EXPLANATION SIMPLE, CORRECT AND AUDIBLE; UNIT MODESTLY SCREENED
( ) 3.04 ALL NECESSARY EQUIPMENT ASSEMBLED
( ) 3.05 TO HIGHEST LEVEL
( ) 3.06 PILLOWS NOT REMOVED IF REMOVAL DISALLOWED
( ) 3.07 WITHOUT DISCOMFORT TO PATIENT
( ) 3.08 PATIENT ASSISTED WITHOUT STRAIN TO NURSE OR PATIENT
( ) 3.09 TOWEL CLOSE TO BACK
( ) 3.10 MOTIONS FIRM AND CIRCULAR; STROKES SLOW AND RHYTHMIC
( ) 3.11 ALL PRESSURE AREAS GIVEN SPECIAL ATTENTION
( ) 3.12 MOVEMENTS EXTEND FROM SHOULDERS TO BUTTOCKS
( ) 3.13 LIGHTLY POWDERED
( ) 3.14 PATIENT ASSISTED WITHOUT STRAIN TO NURSE OR PATIENT
( ) 3.15 PATIENT COMFORTABLE
( ) 3.16 ALL EQUIPMENT RETURNED
( ) 3.17 CORRECT INFORMATION RECORDED ACCORDING TO RULES FOR CHARTING

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MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

USOE CODE NO(S) ____________

UNIT 04 BACK CARE

TERMOB NO. 02-031

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

UNIT 05 MOUTH CARE

TERMOB NO. 02-032

1.00 CONDITION

( ) 1.01 UNCONSCIOUS PATIENT
( ) 1.02 CONSCIOUS PATIENT
( ) 1.03 MEDICAL MANNEQUIN
( ) 1.04 STUDENT
( ) 1.05 SMALL TRAY WITH (A) FRESH WATER (B) MOUTHWASH (C) GLYCERINE WITH LEMON ADDED OR LEMON GLYCERINE SWABS
( ) 1.06 COTTON APPLICATORS
( ) 1.07 TONGUE APPLICATORS
( ) 1.08 GAUZE BANDAGE OR SQUARES (ABOUT 4 INCHES)
( ) 1.09 EMESIS BASIN
( ) 1.10 PAPER BAG OR NEWSPAPER
( ) 1.11 OINTMENT OR MINERAL OIL
( ) 1.12 TOWEL

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 ADMINISTER SPECIAL MOUTH CARE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 ASSEMBLE EQUIPMENT AT BEDSIDE
( ) 2.03 PLACE TOWEL UNDER PATIENT'S CHIN AND ACROSS CHEST
( ) 2.04 TURN PATIENT'S HEAD AND POSITION EMESIS BASIN
( ) 2.05 HOLD MOUTH OPEN AS NECESSARY
( ) 2.06 DIP APPLICATOR IN LEMON GLYCERINE SOLUTION AND CLEAN TEETH, TONGUE, GUMS AND ROOF OF MOUTH OR USE LEMON GLYCERINE SWABS
( ) 2.07 DISCARD USED APPLICATORS
( ) 2.08 RINSE MOUTH
( ) 2.09 APPLY MINERAL OIL OR OINTMENT TO LIPS

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 SPECIAL MOUTH CARE PROPERLY ADMINISTERED TO PATIENT TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 ALL EQUIPMENT READY
( ) 3.03 TOWEL PROPERLY POSITIONED
( ) 3.04 HEAD TURNED TO SIDE; EMESIS BASIN CLOSE TO CORNER OF MOUTH
( ) 3.05 MOUTH OF UNCONSCIOUS PATIENT HELD OPEN WITH PADDED TONGUE DEPRESSOR, NOT FINGER

( ) 1.02 CONSCIOUS PATIENT
( ) 1.03 MEDICAL MANNEQUIN
( ) 1.04 STUDENT
( ) 1.05 SMALL TRAY WITH (A) FRESH WATER (B) MOUTHWASH (C) GLYCERINE WITH LEMON ADDED OR LEMON GLYCERINE SWABS
( ) 1.06 COTTON APPLICATORS
( ) 1.07 TONGUE APPLICATORS
( ) 1.08 GAUZE BANDAGE OR SQUARES (ABOUT 4 INCHES)
( ) 1.09 EMESIS BASIN
( ) 1.10 PAPER BAG OR NEWSPAPER
( ) 1.11 OINTMENT OR MINERAL OIL
( ) 1.12 TOWEL

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 ADMINISTER SPECIAL MOUTH CARE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 ASSEMBLE EQUIPMENT AT BEDSIDE
( ) 2.03 PLACE TOWEL UNDER PATIENT'S CHIN AND ACROSS CHEST
( ) 2.04 TURN PATIENT'S HEAD AND POSITION EMESIS BASIN
( ) 2.05 HOLD MOUTH OPEN AS NECESSARY
( ) 2.06 DIP APPLICATOR IN LEMON GLYCERINE SOLUTION AND CLEAN TEETH, TONGUE, GUMS AND ROOF OF MOUTH OR USE LEMON GLYCERINE SWABS
( ) 2.07 DISCARD USED APPLICATORS
( ) 2.08 RINSE MOUTH
( ) 2.09 APPLY MINERAL OIL OR OINTMENT TO LIPS

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 SPECIAL MOUTH CARE PROPERLY ADMINISTERED TO PATIENT TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 ALL EQUIPMENT READY
( ) 3.03 TOWEL PROPERLY POSITIONED
( ) 3.04 HEAD TURNED TO SIDE; EMESIS BASIN CLOSE TO CORNER OF MOUTH
( ) 3.05 MOUTH OF UNCONSCIOUS PATIENT HELD OPEN WITH PADDED TONGUE DEPRESSOR, NOT FINGER
( ) 3.06 AREA CLEANSED THOROUGHLY
( ) 3.07 APPLICATORS DISCARDED PROMPTLY AND NOT REUSED; NO APPLICATOR DIPPED
( ) 3.08 MOUTH RINSED WITH MOUTHWASH BY CONSCIOUS PATIENT; APPLICATORS USED FOR UNCONSCIOUS PATIENT
( ) 3.09 OIL OR OINTMENT APPLIED IF LIPS CRACKED OR DRY TO PREVENT CHAPPING

MISOE NO. ____________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 06 HYGIENE

UNIT 05 MOUTH CARE

TERMOB NO. 02-032

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING
DIVISION 06 HYGIENE
UNIT 05 MOUTH CARE
TERMOB NO. 02-033

1.00 CONDITION

( ) 1.01 EMESIS BASIN
( ) 1.02 WIPETTES
( ) 1.03 TOOTHBRUSH AND DENTIFRICE
( ) 1.04 MOUTHWASH
( ) 1.05 DENTURE CUP
( ) 1.06 PATIENT WITH DENTURES

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CARE FOR DENTURES EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PROVIDE PRIVACY FOR CLEANING DENTURES
( ) 2.03 GIVE PATIENT A TISSUE AND HAVE HIM REMOVE DENTURES
( ) 2.04 ALLOW PATIENT TO RINSE MOUTH WITH MOUTHWASH OR SCRUB REMAINING TEETH
( ) 2.05 WASH DENTURES AND RINSE THEM
( ) 2.06 RETURN DENTURES TO PATIENT OR IF DENTURES ARE LEFT OUT OF MOUTH, PUT THEM IN SPECIAL CONTAINER WITH SOLUTION AND PLACE IN TOP DRAWER OF BEDSIDE TABLE
( ) 2.07 LOOK FOR IRRITATED AREAS IN MOUTH; REPORT TO CHARGE NURSE

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 PROPER CARE GIVEN TO PATIENT'S DENTURES TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PROCEDURE SHIELDED FROM VIEW OF OTHER PATIENTS AND STAFF
( ) 3.03 REQUEST POLITE AND AUDIBLE
( ) 3.04 MOUTH RINSED AND/OR TEETH SCRUBBED
( ) 3.05 WASH UNDER COLD WATER OVER BASIN OF WATER
( ) 3.06 DENTURES RETURNED OR STORED PROPERLY IN DRAWER; DENTURES HANDLED USING A TISSUE
( ) 3.07 ANY IRRITATED AREAS NOTED AND REPORTED

MISOE NO. ______

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

USOE CODE NO(S) ______

UNIT 05 MOUTH CARE

TERMOB NO. 02-033

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

UNIT 06 VAGINAL DOUCHE

TERMOB NO. 02-034

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT (FEMALE)
( ) 1.03 MEDICAL MANNEQUIN
( ) 1.04 DISPOSABLE DOUCHE TRAY
( ) 1.05 BEDPAN
( ) 1.06 PLASTIC OR RUBBER SHEET
( ) 1.07 BED PAD
( ) 1.08 I. V. POLE
( ) 1.09 SOLUTION AS ORDERED
( ) 1.10 GRADUATE
( ) 1.11 THERMOMETER
( ) 1.12 NEWSPAPER
( ) 1.13 CHART
( ) 1.14 COTTON BALLS

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 GIVE A VAGINAL DOUCHE (IRRIGATION) EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 IDENTIFY PATIENT, SCREEN AND EXPLAIN PROCEDURE
( ) 2.03 APPLY BATH BLANKET AND FOLD TOP BED LINEN; REMOVE ALL BUT ONE PILLOW
( ) 2.04 PLACE RUBBER PROTECTOR AND BED PAD UNDER PATIENT'S BUTTOCKS
( ) 2.05 WASH HANDS AND ASSEMBLE EQUIPMENT
( ) 2.06 MEASURE AMOUNT AND TEMPERATURE OF DESIRED SOLUTION
( ) 2.07 COVER TRAY AND CARRY EQUIPMENT TO BEDSIDE
( ) 2.08 DRAPE PATIENT; PLACE PATIENT ON BEDPAN OR DOUCHE PAN
( ) 2.09 HANG IRRIGATION CAN ON STAND; AVOID PRESSURE TO PREVENT FLUID GOING INTO UTERUS AND TUBES
( ) 2.10 PUT ON GLOVES; CONNECT DOUCHE TIP TO TUBING
( ) 2.11 UNCLAMP TUBING AND ALLOW SOME FLUID TO FLOW OVER INNER THIGH
( ) 2.12 INSERT DOUCHE NOZZLE INTO VAGINA
( ) 2.13 ALLOW SOLUTION TO FLOW WHILE ROTATING NOZZLE
( ) 2.14 CLAMP TUBING AFTER ALL FLUID HAS RUN IN; REMOVE NOZZLE AND ELEVATE BACK REST
( ) 2.15 DRY PATIENT
( ) 2.16 DISCARD COTTON BALLS
( ) 2.17 REMOVE BEDPAN
( ) 2.18 REMOVE PROTECTIVE RUBBER AND PAD, REPLACE BED LINEN AND REMOVE BATH BLANKET
( ) 2.19 MAKE PATIENT COMFORTABLE
( ) 2.20 REMOVE EQUIPMENT TO UTILITY ROOM; CLEANSE THOROUGHLY AND PUT IN PROPER PLACE
( ) 2.21 CHART INFORMATION

( ) 1.02 PATIENT (FEMALE)
( ) 1.03 MEDICAL MANNEQUIN
( ) 1.04 DISPOSABLE DOUCHE TRAY
( ) 1.05 BEDPAN
( ) 1.06 PLASTIC OR RUBBER SHEET
( ) 1.07 BED PAD
( ) 1.08 I. V. POLE
( ) 1.09 SOLUTION AS ORDERED
( ) 1.10 GRADUATE
( ) 1.11 THERMOMETER
( ) 1.12 NEWSPAPER
( ) 1.13 CHART
( ) 1.14 COTTON BALLS

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 GIVE A VAGINAL DOUCHE (IRRIGATION) EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 IDENTIFY PATIENT, SCREEN AND EXPLAIN PROCEDURE
( ) 2.03 APPLY BATH BLANKET AND FOLD TOP BED LINEN; REMOVE ALL BUT ONE PILLOW
( ) 2.04 PLACE RUBBER PROTECTOR AND BED PAD UNDER PATIENT'S BUTTOCKS
( ) 2.05 WASH HANDS AND ASSEMBLE EQUIPMENT
( ) 2.06 MEASURE AMOUNT AND TEMPERATURE OF DESIRED SOLUTION
( ) 2.07 COVER TRAY AND CARRY EQUIPMENT TO BEDSIDE
( ) 2.08 DRAPE PATIENT; PLACE PATIENT ON BEDPAN OR DOUCHE PAN
( ) 2.09 HANG IRRIGATION CAN ON STAND; AVOID PRESSURE TO PREVENT FLUID GOING INTO UTERUS AND TUBES
( ) 2.10 PUT ON GLOVES; CONNECT DOUCHE TIP TO TUBING
( ) 2.11 UNCLAMP TUBING AND ALLOW SOME FLUID TO FLOW OVER INNER THIGH
( ) 2.12 INSERT DOUCHE NOZZLE INTO VAGINA
( ) 2.13 ALLOW SOLUTION TO FLOW WHILE ROTATING NOZZLE
( ) 2.14 CLAMP TUBING AFTER ALL FLUID HAS RUN IN; REMOVE NOZZLE AND ELEVATE BACK REST
( ) 2.15 DRY PATIENT
( ) 2.16 DISCARD COTTON BALLS
( ) 2.17 REMOVE BEDPAN
( ) 2.18 REMOVE PROTECTIVE RUBBER AND PAD, REPLACE BED LINEN AND REMOVE BATH BLANKET
( ) 2.19 MAKE PATIENT COMFORTABLE
( ) 2.20 REMOVE EQUIPMENT TO UTILITY ROOM; CLEANSE THOROUGHLY AND PUT IN PROPER PLACE
( ) 2.21 CHART INFORMATION

MISOE NO. ____________

PROGRAM	PRACTICAL NURSING	DIVISION 06	HYGIENE
USOE CODE NO(S)		UNIT 06	VAGINAL DOUCHE
		TERMOB NO.	02-034

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

UNIT 06 VAGINAL DOUCHE

TERMOB NO. 02-034 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 VAGINAL DOUCHE ADMINISTERED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT PROPERLY IDENTIFIED AND WELL SCREENED; EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.03 TOP BED LINEN FANFOLDED TO FOOT OF BED
( ) 3.04 BEDDING PROTECTED
( ) 3.05 HANDS THOROUGHLY WASHED; ALL NECESSARY EQUIPMENT ASSEMBLED
( ) 3.06 SOLUTION AT 105° F. PROPER AMOUNT OBTAINED
( ) 3.07 ALL EQUIPMENT CARRIED TO BEDSIDE
( ) 3.08 PATIENT WELL DRAPED; HIPS HIGHER THAN REST OF BODY
( ) 3.09 CAN HUNG 18" ABOVE PATIENT'S HIPS
( ) 3.10 SECURELY
( ) 3.11 IF SOLUTION IS TOO HOT, ALLOW IT TO COOL
( ) 3.12 NOZZLE INSERTED 2", TIP DIRECTED DOWNWARD AND BACKWARD
( ) 3.13 NOZZLE ROTATED SLOWLY
( ) 3.14 NOZZLE REMOVED GENTLY; BACK REST ELEVATED TO COMFORTABLE POSITION AND PATIENT EXPELS REMAINING FLUID
( ) 3.15 PATIENT DRIED FROM FRONT TO BACK USING COTTON BALLS
( ) 3.16 IN NEWSPAPER
( ) 3.17 PAN REMOVED WITH NO SPILLAGE
( ) 3.18 BED NEAT
( ) 3.19 PATIENT COMFORTABLE
( ) 3.20 EQUIPMENT RETURNED CLEAN
( ) 3.21 CORRECT INFORMATION RECORDED ACCORDING TO RULES FOR CHARTING INCLUDING TIME, PROCEDURE, SOLUTION OBSERVATIONS, RETURNED SOLUTION

MISOE NO. ____

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____

DIVISION 06 HYGIENE

UNIT 06 VAGINAL DOUCHE

TERMOB NO. 02-034 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 06 HYGIENE

UNIT 07 SURGICAL PREPARATION OF SKIN

TERMOB NO. 02-035

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 STERILE PREP CONTAINER WITH GAUZE AND COTTON TIPPED APPLICATORS
( ) 1.04 RAZOR BLADES
( ) 1.05 RUBBER AND BED PAD OR CHUX
( ) 1.06 STERILIZING SOAP
( ) 1.07 NEWSPAPER
( ) 1.08 BASIN AND WASH CLOTH
( ) 1.09 PORTABLE LAMP
( ) 1.10 SOAP
( ) 1.11 PEROXIDE
( ) 1.12 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 SHAVE AND CLEANSE THE SKIN IN PREPARATION FOR SURGERY EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 EXPLAIN THE PROCEDURE TO PATIENT
( ) 2.03 SCRUB HANDS
( ) 2.04 DRAPE PATIENT; FILL BASIN WITH WARM WATER
( ) 2.05 ADJUST LAMP
( ) 2.06 CLEANSE AREA
( ) 2.07 SHAVE THE AREA
( ) 2.08 CLEANSE THE UMBILICUS
( ) 2.09 WASH AREA
( ) 2.10 REPORT AND RECORD ANY SKIN ERUPTION OR ABRASION
( ) 2.11 RECORD PREP ON TREATMENT SHEET AND SIGN

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PROPER AREA OF SKIN SHAVED AND CLEANSED FOR SURGERY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 60 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 EXPLANATION SIMPLE, CORRECT AND CLEAR
( ) 3.03 HANDS SCRUBBED 2-3 MINUTES WITH STERILIZING SOAP
( ) 3.04 PATIENT PROPERLY DRAPED
( ) 3.05 AREA TO BE SHAVED WELL LIGHTED
( ) 3.06 AREA CLEANSED WITH WARM WATER AND SOAP

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 STERILE PREP CONTAINER WITH GAUZE AND COTTON TIPPED APPLICATORS
( ) 1.04 RAZOR BLADES
( ) 1.05 RUBBER AND BED PAD OR CHUX
( ) 1.06 STERILIZING SOAP
( ) 1.07 NEWSPAPER
( ) 1.08 BASIN AND WASH CLOTH
( ) 1.09 PORTABLE LAMP
( ) 1.10 SOAP
( ) 1.11 PEROXIDE
( ) 1.12 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 SHAVE AND CLEANSE THE SKIN IN PREPARATION FOR SURGERY EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 EXPLAIN THE PROCEDURE TO PATIENT
( ) 2.03 SCRUB HANDS
( ) 2.04 DRAPE PATIENT; FILL BASIN WITH WARM WATER
( ) 2.05 ADJUST LAMP
( ) 2.06 CLEANSE AREA
( ) 2.07 SHAVE THE AREA
( ) 2.08 CLEANSE THE UMBILICUS
( ) 2.09 WASH AREA
( ) 2.10 REPORT AND RECORD ANY SKIN ERUPTION OR ABRASION
( ) 2.11 RECORD PREP ON TREATMENT SHEET AND SIGN

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 PROPER AREA OF SKIN SHAVED AND CLEANSED FOR SURGERY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 60 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 EXPLANATION SIMPLE, CORRECT AND CLEAR
( ) 3.03 HANDS SCRUBBED 2-3 MINUTES WITH STERILIZING SOAP
( ) 3.04 PATIENT PROPERLY DRAPED
( ) 3.05 AREA TO BE SHAVED WELL LIGHTED
( ) 3.06 AREA CLEANSED WITH WARM WATER AND SOAP
( ) 3.07 AREA DRY CLIPPED, IF NECESSARY; SUDS WITH GAUZE, SOAP AND WARM WATER; SKIN HELD TAUT AND SHAVED WITH SHORT FIRM STROKES
( ) 3.08 CLEANSE THOROUGHLY WITH STERILIZING SOAP; USE PEROXIDE IF UMBILICUS IS CRUSTY
( ) 3.09 ENTIRE AREA FILMED USING STERILIZING SOAP
( ) 3.10 ANY ERUPTION OR ABRASION EXISTING IS SEEN, REPORTED AND RECORDED
( ) 3.11 PREP IS RECORDED ACCORDING TO RULES

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MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 06 HYGIENE

UNIT 07 SURGICAL PREPARATION OF SKIN

TERMOB NO. 02-035

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 07 FEEDING

UNIT 01 FEEDING OF PATIENT

TERMOB NO. 02-036

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 BED
( ) 1.04 SERVICE TABLE
( ) 1.05 MEAL ON TRAY

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 FEED PATIENT EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 CHECK TO SEE THAT MEAL IS CONSISTENT WITH ANY DIETARY ORDERS
( ) 2.03 FEED PATIENT

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 CORRECT MEAL FED COMFORTABLY TO PATIENT TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 MEAL INCONSISTENT WITH PATIENT'S DIETARY ORDERS WILL BE NOTED, IMMEDIATELY REPORTED AND NOT FED TO PATIENT
( ) 3.03 MOUTHFULS NOT TOO LARGE TO BE UNCOMFORTABLY CHEWED, PATIENT NOT FED TOO FAST

MISOE NO.

PROGRAM PRACTICAL NURSING
USOE CODE NO(S)

DIVISION 07 FEEDING
UNIT 01 FEEDING OF PATIENT
TERMOB NO. 02-036

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 01 IN BED

TERMOB NO. 02-037

1.00 CONDITION

( ) 1.01 PATIENT
( ) 1.02 STUDENT
( ) 1.03 BEDPAN AND COVER
( ) 1.04 TOILET TISSUE
( ) 1.05 SOAP, WATER AND HAND TOWEL OR WIPETTES

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 GIVE AND REMOVE A BEDPAN EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 SCREEN PATIENT, RAISE HEAD OF BED SLIGHTLY UNLESS CONTRA-INDICATED
( ) 2.03 WARM BEDPAN
( ) 2.04 PLACE BEDPAN ON CHAIR OR FOOT OF BED
( ) 2.05 FOLD CORNER OF TOP LINEN OVER ONTO PATIENT
( ) 2.06 REMOVE RUBBER RINGS OR PILLOWS
( ) 2.07 TUCK BEDPAN COVER UNDER EDGE OF MATTRESS
( ) 2.08 HAVE PATIENT RAISE BUTTOCKS, IF ABLE. LIFT PATIENT'S HIP SO THAT BUTTOCKS REST ON ROUNDED SEAT OF PAN
( ) 2.09 PUT LIGHT CORD AND PAPER WITHIN REACH
( ) 2.10 LEAVE PATIENT ALONE
( ) 2.11 RETURN TO PATIENT
( ) 2.12 WITHDRAW PAN, COVER AND PLACE ON CHAIR
( ) 2.13 TURN HELPLESS PATIENT ON SIDE AND COMPLETE TOILET; GIVE LOCAL BATH, IF NECESSARY
( ) 2.14 PROVIDE SOAP, WATER AND TOWEL (OR WIPETTES) FOR PATIENT'S HAND WASHING
( ) 2.15 ADJUST BED AND LEAVE PATIENT COMFORTABLE
( ) 2.16 CARRY BEDPAN TO BATHROOM AND EXAMINE CONTENTS BEFORE EMPTYING
( ) 2.17 EMPTY, RINSE AND DRY OUTSIDE OF PAN AND RETURN TO BEDSIDE CABINET

MISOE NO. ________________

PROGRAM	PRACTICAL NURSING	DIVISION 08	ELIMINATION
USOE CODE NO(S)		UNIT 01	IN BED
		TERMOB NO.	02-037

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 01 IN BED

TERMOB NO. 02-037 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 BEDPAN GIVEN TO PATIENT AND REMOVED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT COMPLETELY SCREENED
( ) 3.03 BEDPAN WARMED IF NECESSARY BY RUNNING UNDER WARM WATER
( ) 3.04 BEDPAN PLACED ON CHAIR OR FOOT OF BED, NOT ON FLOOR OF BEDSIDE STAND OR OVERBED TABLE
( ) 3.05 TOP LINEN FOLDED OVER ONTO PATIENT
( ) 3.06 RUBBER RINGS OR PILLOWS REMOVED
( ) 3.07 BEDPAN COVER PLACED WHERE IT WILL NOT FALL
( ) 3.08 PATIENT INSTRUCTED TO RAISE BUTTOCKS BY FLEXING KNEES AND PUSHING ON BED WITH FEET; PATIENT'S HIP LIFTED BY HAND PLACED UNDER SMALL OF BACK
( ) 3.09 CORD AND PAPER WITHIN EASY REACH OF PATIENT'S HAND
( ) 3.10 ILL PATIENT NOT LEFT ALONE
( ) 3.11 PROMPT RETURN UPON SIGNAL
( ) 3.12 HAND PLACED UNDER PATIENT'S BACK AS PAN IS WITHDRAWN
( ) 3.13 COMPLETE TOILET AND LOCAL BATH GIVEN IF NEEDED
( ) 3.14 WASHING MATERIALS PROVIDED
( ) 3.15 PATIENT COMFORTABLE, BED NEAT
( ) 3.16 CONTENTS EXAMINED
( ) 3.17 PAN RINSED WITH COLD WATER, THEN HOT; BRUSH USED IF NECESSARY

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 08 ELIMINATION

UNIT 01 IN BED

TERMOB NO. 02-037 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 01 IN BED

TERMOB NO. 02-038

1.00 CONDITION

( ) 1.01 PATIENT
( ) 1.02 STUDENT
( ) 1.03 SOAP, WATER AND HAND TOWEL OR WIPETTES
( ) 1.04 URINAL WITH BEDPAN COVER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 GIVE AND REMOVE A URINAL EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 SCREEN PATIENT
( ) 2.03 TUCK BEDPAN COVER UNDER EDGE OF MATTRESS
( ) 2.04 FOLD CORNER OF TOP LINEN ONTO PATIENT AND PLACE URINAL
( ) 2.05 PROVIDE SOAP, WATER AND TOWEL FOR HAND WASHING
( ) 2.06 CARRY URINAL TO UTILITY ROOM AND EXAMINE CONTENTS BEFORE EMPTYING

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 URINAL GIVEN TO PATIENT AND REMOVED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT COMPLETELY SCREENED
( ) 3.03 COVER POSITIONED SO IT WILL NOT FALL
( ) 3.04 URINAL SHOULD BE WITHIN EASY REACH OF PATIENT'S HAND
( ) 3.05 MATERIALS FOR WASHING PROVIDED
( ) 3.06 COOL WATER, THEN HOT USED IN RINSE

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

USOE CODE NO(S) ______________

UNIT 01 IN BED

TERMOB NO. 02-038

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 02 CATHETERIZATION

TERMOB NO. 02-039

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT (FEMALE)
( ) 1.03 STERILE DISPOSABLE CATHETER SET WHICH INCLUDES:

(A) COTTON BALLS	(E) SPECIMEN BOTTLE
(B) PLASTIC TOWEL	(F) PLASTIC GLOVES
(C) FENESTRATED DRAPE	(G) LUBRICATING JELLY
(D) CATHETER FRENCH #14	(H) AQUEOUS ZEPHIRAN 1.1000

( ) 1.04 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CATHETERIZE A FEMALE EMPLOYING THE FOLLOWING PROCEDURE AND ASEPTIC TECHNIQUE:

( ) 2.02 PLACE TRAY ON FOOT OF BED, REMOVE COVER AND PLACE NEXT TO TRAY
( ) 2.03 PUT ON GLOVES
( ) 2.04 FOLD DOWN TOP BEDDING
( ) 2.05 PLACE STERILE PLASTIC TOWEL UNDER PATIENT; PLACE DRAPE OVER AREA
( ) 2.06 SEPARATE LABIA
( ) 2.07 PICK UP CATHETER; SLIDE MULTICUP TRAY UNDER THE END OF CATHETER
( ) 2.08 INSERT CATHETER INTO URETHRA, COLLECT SPECIMEN AT THIS TIME IF SO DESIRED; ALLOW URINE TO FLOW UNTIL IT STARTS TO DROP SLOWLY, PINCH CATHETER AND REMOVE
( ) 2.09 DRY AREA WITH COTTON BALLS; DISCARD ON TRAY COVER
( ) 2.10 REMOVE GLOVES, REMOVE EQUIPMENT FROM BED; REARRANGE BEDDING AND MAKE PATIENT COMFORTABLE
( ) 2.11 DISPOSE OF DISPOSABLE EQUIPMENT
( ) 2.12 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 FEMALE CATHETERIZED ACCORDING TO STERILE TECHNIQUE TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 TRAY PLACED SO IT WILL NOT FALL OFF
( ) 3.03 GLOVES NOT CONTAMINATED
( ) 3.04 TO EXPOSE CONVENIENT WORKING AREA

( ) 1.01 STUDENT
( ) 1.02 PATIENT (FEMALE)
( ) 1.03 STERILE DISPOSABLE CATHETER SET WHICH INCLUDES:

(A) COTTON BALLS	(E) SPECIMEN BOTTLE
(B) PLASTIC TOWEL	(F) PLASTIC GLOVES
(C) FENESTRATED DRAPE	(G) LUBRICATING JELLY
(D) CATHETER FRENCH #14	(H) AQUEOUS ZEPHIRAN 1.1000

( ) 1.04 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CATHETERIZE A FEMALE EMPLOYING THE FOLLOWING PROCEDURE AND ASEPTIC TECHNIQUE:

( ) 2.02 PLACE TRAY ON FOOT OF BED, REMOVE COVER AND PLACE NEXT TO TRAY
( ) 2.03 PUT ON GLOVES
( ) 2.04 FOLD DOWN TOP BEDDING
( ) 2.05 PLACE STERILE PLASTIC TOWEL UNDER PATIENT; PLACE DRAPE OVER AREA
( ) 2.06 SEPARATE LABIA
( ) 2.07 PICK UP CATHETER; SLIDE MULTICUP TRAY UNDER THE END OF CATHETER
( ) 2.08 INSERT CATHETER INTO URETHRA, COLLECT SPECIMEN AT THIS TIME IF SO DESIRED; ALLOW URINE TO FLOW UNTIL IT STARTS TO DROP SLOWLY, PINCH CATHETER AND REMOVE
( ) 2.09 DRY AREA WITH COTTON BALLS; DISCARD ON TRAY COVER
( ) 2.10 REMOVE GLOVES, REMOVE EQUIPMENT FROM BED; REARRANGE BEDDING AND MAKE PATIENT COMFORTABLE
( ) 2.11 DISPOSE OF DISPOSABLE EQUIPMENT
( ) 2.12 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 FEMALE CATHETERIZED ACCORDING TO STERILE TECHNIQUE TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 TRAY PLACED SO IT WILL NOT FALL OFF
( ) 3.03 GLOVES NOT CONTAMINATED
( ) 3.04 TO EXPOSE CONVENIENT WORKING AREA
( ) 3.05 TOWEL PLACED ABSORBENT SIDE UP
( ) 3.06 LABIA CLEANSED WITH AQUEOUS ZEPHINAN 1.1000 AND COTTON BALLS USING DOWNWARD MOTION
( ) 3.07 CATHETER PICKED UP ABOUT 3" FROM TIP AND LUBRICATED
( ) 3.08 CATHETER GENTLY INSERTED UNTIL URINE BEGINS TO FLOW, REMOVE CATHETER WHEN URINE STARTS TO DROP SLOWLY; NO MORE THAN 900 cc. OF URINE REMOVED
( ) 3.09 AREA DRIED USING DOWNWARD MOTION
( ) 3.10 PATIENT COMFORTABLE
( ) 3.11 DISPOSABLE EQUIPMENT PROPERLY DISPOSED OF
( ) 3.12 CORRECT INFORMATION CHARTED INCLUDING TIME, NATURE AND AMOUNT OF URINE, SPECIMEN TO LABORATORY IF SENT, UNTOWARD REACTION OF PATIENT

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MISOE NO. __________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S)

DIVISION 08 ELIMINATION

UNIT 02 CATHETERIZATION

TERMOB NO. 02-039

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 02 CATHETERIZATION

TERMOB NO. 02-040

1.00 CONDITION

( ) 1.01 PATIENT (MALE)
( ) 1.02 GOOD LIGHT
( ) 1.03 DISPOSABLE STERILE CATHETER SET WHICH INCLUDES:
  (A) MULTICUP PLASTIC CUP
  (B) LARGE COTTON BALLS
  (C) PLASTIC TOWEL
  (D) FRENCH CATHETER
  (E) PLASTIC GLOVES
  (F) CLEANING SOLUTION
  (G) FENESTRATED DRAPE
  (H) LUBRICATING JELLY
  (I) SPECIMEN BOTTLE
( ) 1.04 BATH BLANKET
( ) 1.05 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CATHETERIZE A MALE PATIENT EMPLOYING THE FOLLOWING PROCEDURE AND ASEPTIC TECHNIQUE:

( ) 2.02 POSITION PATIENT
( ) 2.03 REMOVE PLASTIC COVER FROM PACK, PLACE TRAY AT FOOT OF BED
( ) 2.04 PLACE DRAPE UNDER PENIS
( ) 2.05 PUT ON GLOVES
( ) 2.06 APPLY LUBRICANT TO THE CATHETER
( ) 2.07 POUR CLEANSING SOLUTION OVER COTTON BALLS
( ) 2.08 GRASP PENIS AND HOLD, CLEANSE PENIS
( ) 2.09 RETRACT AND HOLD BACK FORESKIN IF PRESENT; DRAW PENIS FORWARD AND UPWARD
( ) 2.10 INSERT CATHETER AND ALLOW BLADDER TO DRAIN
( ) 2.11 PINCH CATHETER AND REMOVE
( ) 2.12 EASE FORESKIN BACK INTO PLACE
( ) 2.13 DISCARD DISPOSABLE EQUIPMENT
( ) 2.14 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 MALE PATIENT CATHETERIZED ACCORDING TO STERILE TECHNIQUE TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT ON BACK WITH THIGHS SLIGHTLY APART
( ) 3.03 TRAY PLACED SO IT WILL NOT FALL OFF BED
( ) 3.04 DRAPE PLACED ABSORBENT SIDE UP, ONLY PLASTIC SIDE TOUCHED
( ) 3.05 GLOVES NOT CONTAMINATED

( ) 1.03 DISPOSABLE STERILE CATHETER SET WHICH INCLUDES:
(A) MULTICUP PLASTIC CUP
(B) LARGE COTTON BALLS
(C) PLASTIC TOWEL
(D) FRENCH CATHETER
(E) PLASTIC GLOVES
(F) CLEANING SOLUTION
(G) FENESTRATED DRAPE
(H) LUBRICATING JELLY
(I) SPECIMEN BOTTLE

( ) 1.04 BATH BLANKET
( ) 1.05 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CATHETERIZE A MALE PATIENT EMPLOYING THE FOLLOWING PROCEDURE AND ASEPTIC TECHNIQUE:

( ) 2.02 POSITION PATIENT
( ) 2.03 REMOVE PLASTIC COVER FROM PACK, PLACE TRAY AT FOOT OF BED
( ) 2.04 PLACE DRAPE UNDER PENIS
( ) 2.05 PUT ON GLOVES
( ) 2.06 APPLY LUBRICANT TO THE CATHETER
( ) 2.07 POUR CLEANSING SOLUTION OVER COTTON BALLS
( ) 2.08 GRASP PENIS AND HOLD, CLEANSE PENIS
( ) 2.09 RETRACT AND HOLD BACK FORESKIN IF PRESENT; DRAW PENIS FORWARD AND UPWARD
( ) 2.10 INSERT CATHETER AND ALLOW BLADDER TO DRAIN
( ) 2.11 PINCH CATHETER AND REMOVE
( ) 2.12 EASE FORESKIN BACK INTO PLACE
( ) 2.13 DISCARD DISPOSABLE EQUIPMENT
( ) 2.14 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 MALE PATIENT CATHETERIZED ACCORDING TO STERILE TECHNIQUE TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT ON BACK WITH THIGHS SLIGHTLY APART
( ) 3.03 TRAY PLACED SO IT WILL NOT FALL OFF BED
( ) 3.04 DRAPE PLACED ABSORBENT SIDE UP, ONLY PLASTIC SIDE TOUCHED
( ) 3.05 GLOVES NOT CONTAMINATED
( ) 3.06 CATHETER LUBRICATED 4 TO 5 INCHES
( ) 3.07 COTTON BALLS WET WITH SOLUTION
( ) 3.08 PENIS HELD WITH ONE HAND AND CLEANSED, STARTING WITH THE MEATUS AND WORKING OUTWARDS
( ) 3.09 CLEANSED AREA UNCONTAMINATED BY FORESKIN, PENIS SLIGHTLY STRETCHED
( ) 3.10 CATHETER GENTLY INSERTED ABOUT 7" OR UNTIL URINE FLOWS
( ) 3.11 CATHETER PINCHED AND REMOVED
( ) 3.12 FORESKIN EASED BACK INTO PLACE
( ) 3.13 DISPOSABLE EQUIPMENT DISCARDED
( ) 3.14 CORRECT INFORMATION CHARTED INCLUDING TIME, NATURE AND AMOUNT OF URINE

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MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 08 ELIMINATION

UNIT 02 CATHETERIZATION

TERMOB NO. 02-040

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 02 CATHETERIZATION

TERMOB NO. 02-041

1.00 CONDITION

( ) 1.01 PATIENT (FEMALE)
( ) 1.02 STERILE DISPOSABLE FOLEY CATHETER SET
( ) 1.03 GOOD LIGHT
( ) 1.04 BATH BLANKET

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CATHETERIZE FEMALE PATIENT WITH FOLEY CATHETER EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 POSITION PATIENT
( ) 2.03 REMOVE PLASTIC COVER FROM PACK, PLACE TRAY AT FOOT OF BED
( ) 2.04 PLACE DRAPE UNDER PATIENT
( ) 2.05 PUT ON GLOVES
( ) 2.06 APPLY LUBRICANT TO CATHETER
( ) 2.07 POUR CLEANSING SOLUTION OVER RAYON BALLS AND SPONGE; CLEANSE MEATUS WELL
( ) 2.08 INSERT CATHETER INTO URETHRA AND ALLOW BLADDER TO DRAIN
( ) 2.09 INFLATE BALLOON
( ) 2.10 WITHDRAW CATHETER
( ) 2.11 ATTACH DRAINAGE TUBING, PINNING TUBING
( ) 2.12 ATTACH DRAINAGE BAG
( ) 2.13 DISPOSE OF USED EQUIPMENT
( ) 2.14 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOMEE
( ) 3.01 FEMALE PATIENT PROPERLY CATHETERIZED WITH FOLEY CATHETER TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT LYING ON BACK WITH THIGHS SLIGHTLY APART
( ) 3.03 TRAY PLACED SO THAT IT WILL NOT FALL OFF BED
( ) 3.04 DRAPE PLACED ABSORBENT SIDE UP, ONLY PLASTIC SIDE TOUCHED
( ) 3.05 GLOVES UNCONTAMINATED
( ) 3.06 CATHETER LUBRICATED 2 to 3 INCHES
( ) 3.07 AREA WELL CLEANSED WITH DOWNWARD MOTIONS
( ) 3.08 CATHETER INSERTED GENTLY UNTIL URINE BEGINS TO FLOW
( ) 3.09 BALLOON INFLATED SLOWLY WITH PRE-FILLED SYRINGE
( ) 3.10 CATHETER GENTLY WITHDRAWN UNTIL RESISTANCE IS FELT
( ) 3.11 TUBING ATTACHED OVER PATIENT'S LEG. PINNED TO BED TO

( ) 1.01 PATIENT (FEMALE)
( ) 1.02 STERILE DISPOSABLE FOLEY CATHETER SET
( ) 1.03 GOOD LIGHT
( ) 1.04 BATH BLANKET

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CATHETERIZE FEMALE PATIENT WITH FOLEY CATHETER EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 POSITION PATIENT
( ) 2.03 REMOVE PLASTIC COVER FROM PACK, PLACE TRAY AT FOOT OF BED
( ) 2.04 PLACE DRAPE UNDER PATIENT
( ) 2.05 PUT ON GLOVES
( ) 2.06 APPLY LUBRICANT TO CATHETER
( ) 2.07 POUR CLEANSING SOLUTION OVER RAYON BALLS AND SPONGE; CLEANSE MEATUS WELL
( ) 2.08 INSERT CATHETER INTO URETHRA AND ALLOW BLADDER TO DRAIN
( ) 2.09 INFLATE BALLOON
( ) 2.10 WITHDRAW CATHETER
( ) 2.11 ATTACH DRAINAGE TUBING, PINNING TUBING
( ) 2.12 ATTACH DRAINAGE BAG
( ) 2.13 DISPOSE OF USED EQUIPMENT
( ) 2.14 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOMEE
( ) 3.01 FEMALE PATIENT PROPERLY CATHETERIZED WITH FOLEY CATHETER TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT LYING ON BACK WITH THIGHS SLIGHTLY APART
( ) 3.03 TRAY PLACED SO THAT IT WILL NOT FALL OFF BED
( ) 3.04 DRAPE PLACED ABSORBENT SIDE UP, ONLY PLASTIC SIDE TOUCHED
( ) 3.05 GLOVES UNCONTAMINATED
( ) 3.06 CATHETER LUBRICATED 2 to 3 INCHES
( ) 3.07 AREA WELL CLEANSED WITH DOWNWARD MOTIONS
( ) 3.08 CATHETER INSERTED GENTLY UNTIL URINE BEGINS TO FLOW
( ) 3.09 BALLOON INFLATED SLOWLY WITH PRE-FILLED SYRINGE
( ) 3.10 CATHETER GENTLY WITHDRAWN UNTIL RESISTANCE IS FELT
( ) 3.11 TUBING ATTACHED OVER PATIENT'S LEG. PINNED TO BED TO AVOID PULLING
( ) 3.12 BAG ATTACHED TO SIDE OF BED
( ) 3.13 EQUIPMENT PROPERLY DISPOSED OF
( ) 3.14 CORRECT INFORMATION CHARTED INCLUDING TIME, AMOUNT AND CHARACTER OF URINE

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ______________

DIVISION 08 ELIMINATION

UNIT 02 CATHETERIZATION

TERMOB NO. 02-041

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 02 CATHETERIZATION

TERMOB NO. 02-042

1.00 CONDITION

( ) 1.01 PATIENT (MALE)
( ) 1.02 STERILE DISPOSABLE FOLEY CATHETER SET
( ) 1.03 GOOD LIGHT
( ) 1.04 BLANKET

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CATHETERIZE MALE PATIENT WITH FOLEY CATHETER EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 POSITION PATIENT
( ) 2.03 REMOVE PLASTIC COVER FROM PACK, PLACE TRAY AT FOOT OF BED
( ) 2.04 PLACE DRAPE UNDER PENIS
( ) 2.05 PUT ON GLOVES
( ) 2.06 APPLY LUBRICANT TO CATHETER
( ) 2.07 POUR CLEANSING SOLUTION OVER RAYON BALLS
( ) 2.08 GRASP PENIS AND HOLD, CLEANSE PENIS
( ) 2.09 RETRACT FORESKIN AND HOLD BACK IF PRESENT; DRAW PENIS FORWARD AND UPWARD
( ) 2.10 INSERT CATHETER AND ALLOW BLADDER TO DRAIN
( ) 2.11 INFLATE BALLOON
( ) 2.12 WITHDRAW CATHETER
( ) 2.13 EASE FORESKIN BACK INTO PLACE
( ) 2.14 ATTACH DRAINAGE TUBING AND PIN TUBING
( ) 2.15 ATTACH DRAINAGE BAG
( ) 2.16 DISPOSE OF USED EQUIPMENT
( ) 2.17 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 MALE PROPERLY CATHETERIZED WITH FOLEY CATHETER TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT ON BACK WITH THIGHS SLIGHTLY APART
( ) 3.03 TRAY PLACED SO IT WILL NOT FALL OFF BED
( ) 3.04 DRAPE PLACED ABSORBENT SIDE UP, ONLY PLASTIC SIDE TOUCHED
( ) 3.05 GLOVES UNCONTAMINATED
( ) 3.06 CATHETER LUBRICATED 4 TO 5 INCHES
( ) 3.07 RAYON BALLS WET WITH CLEANSING SOLUTION
( ) 3.08 PENIS HELD WITH ONE HAND AND CLEANSED, STARTING WITH

( ) 1.01 PATIENT (MALE)
( ) 1.02 STERILE DISPOSABLE FOLEY CATHETER SET
( ) 1.03 GOOD LIGHT
( ) 1.04 BLANKET

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CATHETERIZE MALE PATIENT WITH FOLEY CATHETER EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 POSITION PATIENT
( ) 2.03 REMOVE PLASTIC COVER FROM PACK, PLACE TRAY AT FOOT OF BED
( ) 2.04 PLACE DRAPE UNDER PENIS
( ) 2.05 PUT ON GLOVES
( ) 2.06 APPLY LUBRICANT TO CATHETER
( ) 2.07 POUR CLEANSING SOLUTION OVER RAYON BALLS
( ) 2.08 GRASP PENIS AND HOLD, CLEANSE PENIS
( ) 2.09 RETRACT FORESKIN AND HOLD BACK IF PRESENT; DRAW PENIS FORWARD AND UPWARD
( ) 2.10 INSERT CATHETER AND ALLOW BLADDER TO DRAIN
( ) 2.11 INFLATE BALLOON
( ) 2.12 WITHDRAW CATHETER
( ) 2.13 EASE FORESKIN BACK INTO PLACE
( ) 2.14 ATTACH DRAINAGE TUBING AND PIN TUBING
( ) 2.15 ATTACH DRAINAGE BAG
( ) 2.16 DISPOSE OF USED EQUIPMENT
( ) 2.17 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 MALE PROPERLY CATHETERIZED WITH FOLEY CATHETER TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT ON BACK WITH THIGHS SLIGHTLY APART
( ) 3.03 TRAY PLACED SO IT WILL NOT FALL OFF BED
( ) 3.04 DRAPE PLACED ABSORBENT SIDE UP, ONLY PLASTIC SIDE TOUCHED
( ) 3.05 GLOVES UNCONTAMINATED
( ) 3.06 CATHETER LUBRICATED 4 TO 5 INCHES
( ) 3.07 RAYON BALLS WET WITH CLEANSING SOLUTION
( ) 3.08 PENIS HELD WITH ONE HAND AND CLEANSED, STARTING WITH MEATUS AND WORKING OUTWARD
( ) 3.09 CLEANSED AREA UNCONTAMINATED BY FORESKIN, PENIS SLIGHTLY STRETCHED
( ) 3.10 CATHETER GENTLY INSERTED ABOUT 7" OR UNTIL URINE FLOWS
( ) 3.11 BALLOON INFLATED SLOWLY WITH PRE-FILLED SYRINGE - CATHETER WELL INTO BLADDER BEFORE INFLATING
( ) 3.12 CATHETER GENTLY WITHDRAWN UNTIL RESISTANCE IS FELT
( ) 3.13 FORESKIN EASED BACK INTO PLACE
( ) 3.14 TUBING ATTACHED OVER PATIENT'S LEG, SECURELY PINNED TO B
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( ) 3.15 BAG ATTACHED TO SIDE OF BED
( ) 3.16 EQUIPMENT PROPERLY DISPOSED OF
( ) 3.17 CORRECT INFORMATION CHARTED INCLUDING TIME, AMOUNT AND CHARACTER OF URINE

MISOE NO. ____

PROGRAM	PRACTICAL NURSING	DIVISION 08	ELIMINATION
USOE CODE NO(S)		UNIT 02	CATHETERIZATION
		TERMOB NO.	02-042

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 02 CATHETERIZATION

TERMOB NO. 02-043

1.00 CONDITION

( ) 1.01 PATIENT
( ) 1.02 NEOSPORIN G.U. IRRIGANT - ONE AMPULE (1 CC.=40 MG.) IN 1000 CC. FLUID
( ) 1.03 SUBY'S SOLUTION
( ) 1.04 STERILE CATHETERIZATION SET CONTAINING:
  (A) DRAPES
  (B) GLOVES
  (C) LUBRICANT
  (D) COTTON BALLS
  (E) ZEPHIRIN CLEANSING SOLUTION
  (F) PRE-FILLED SYRINGE WITH STERILE WATER
  (G) TUBING AND DRAINAGE BAG
( ) 1.05 STERILE THREE-WAY FOLEY CATHETER (C.S.R.)
( ) 1.06 STERILE NEEDLE
( ) 1.07 IRRIGATING SOLUTION, MEDICATION AND TUBING FOR SOLUTION BOTTLES

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 IRRIGATE PATIENT EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PREPARE STERILE IRRIGATING SOLUTION WITH MEDICATION AND ATTACH TO TUBING (STERILE)
( ) 2.03 OPEN CATHETERIZATION SET
( ) 2.04 OPEN THREE-WAY STERILE FOLEY AND PLACE ON STERILE FIELD
( ) 2.05 PLACE STERILE NEEDLE ON STERILE FIELD
( ) 2.06 CATHETERIZE PATIENT
( ) 2.07 INSERT PRE-FILLED SYRINGE INTO INFLATION LUMEN
( ) 2.08 ATTACH PREPARED IRRIGATION SOLUTION WITH MEDICATION
( ) 2.09 ATTACH OUTFLOW LUMEN OF THREE-WAY FOLEY TO COLLECTING BAG
( ) 2.10 ADJUST FLOW RATE

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 PATIENT CATHETERIZED AND IRRIGATED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 SOLUTION PROPERLY PREPARED WITHOUT CONTAMINATION
( ) 3.03 CATHETERIZATION SET OPENED
( ) 3.04 FOLEY UNCONTAMINATED
( ) 3.05 NEEDLE UNCONTAMINATED
( ) 3.06 PATIENT PROPERLY CATHETERIZED WITH FOLEY CATHETER

( ) 1.02 NEOSPORIN G.U. IRRIGANT - ONE AMPULE (1 CC.=40 MG.) IN 1000 CC. FLUID

( ) 1.03 SUBY'S SOLUTION

( ) 1.04 STERILE CATHETERIZATION SET CONTAINING:

- (A) DRAPES
- (B) GLOVES
- (C) LUBRICANT
- (D) COTTON BALLS
- (E) ZEPHIRIN CLEANSING SOLUTION
- (F) PRE-FILLED SYRINGE WITH STERILE WATER
- (G) TUBING AND DRAINAGE BAG

( ) 1.05 STERILE THREE-WAY FOLEY CATHETER (C.S.R.)

( ) 1.06 STERILE NEEDLE

( ) 1.07 IRRIGATING SOLUTION, MEDICATION AND TUBING FOR SOLUTION BOTTLES

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 IRRIGATE PATIENT EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PREPARE STERILE IRRIGATING SOLUTION WITH MEDICATION AND ATTACH TO TUBING (STERILE)

( ) 2.03 OPEN CATHETERIZATION SET

( ) 2.04 OPEN THREE-WAY STERILE FOLEY AND PLACE ON STERILE FIELD

( ) 2.05 PLACE STERILE NEEDLE ON STERILE FIELD

( ) 2.06 CATHETERIZE PATIENT

( ) 2.07 INSERT PRE-FILLED SYRINGE INTO INFLATION LUMEN

( ) 2.08 ATTACH PREPARED IRRIGATION SOLUTION WITH MEDICATION

( ) 2.09 ATTACH OUTFLOW LUMEN OF THREE-WAY FOLEY TO COLLECTING BAG

( ) 2.10 ADJUST FLOW RATE

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PATIENT CATHETERIZED AND IRRIGATED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 SOLUTION PROPERLY PREPARED WITHOUT CONTAMINATION

( ) 3.03 CATHETERIZATION SET OPENED

( ) 3.04 FOLEY UNCONTAMINATED

( ) 3.05 NEEDLE UNCONTAMINATED

( ) 3.06 PATIENT PROPERLY CATHETERIZED WITH FOLEY CATHETER

( ) 3.07 PRE-FILLED SYRINGE INSERTED INTO LUMEN

( ) 3.08 PREPARED IRRIGATION SOLUTION ATTACHED SECURELY TO INFLOW LUMEN OF THREE-WAY FOLEY

( ) 3.09 OUTFLOW LUMEN OF THREE-WAY FOLEY ATTACHED SECURELY TO COLLECTING BAG

( ) 3.10 FLOW RATE SHOULD BE AT SLOW DRIP TO DELIVER 1000 CC. IN 24 HOURS (40 CC. PER HOUR OR ABOUT 20 GTTS. PER MINUTE)

MISOE NO. ____________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 08 ELIMINATION

UNIT 02 CATHETERIZATION

TERMOB NO. 02-043

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 03 IRRIGATION

TERMOB NO. 02-044

1.00 CONDITION

( ) 1.01 PATIENT CATHETERIZED WITH FOLEY CATHETER
( ) 1.02 STERILE IRRIGATING SET
( ) 1.03 SALINE SOLUTION
( ) 1.04 STERILE GAUZE, 4 X 4 SQUARE
( ) 1.05 ALCOHOL SPONGE

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 IRRIGATE FOLEY CATHETER EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PLACE EMESIS BASIN
( ) 2.03 DISCONNECT CATHETER
( ) 2.04 PIN DRAINAGE TUBING
( ) 2.05 DRAW UP SOLUTION
( ) 2.06 CONNECT SYRINGES TO CATHETER AND INJECT SOLUTION INTO BLADDER
( ) 2.07 DISCONNECT SYRINGE FROM CATHETER AND ALLOW SOLUTION TO FLOW OUT
( ) 2.08 REPEAT PROCEDURE AS NECESSARY
( ) 2.09 WIPE OFF END OF CATHETER AND CONNECTING TUBING
( ) 2.10 RECONNECT CATHETER

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 FOLEY CATHETER PROPERLY IRRIGATED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 60 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 EMESIS BASIN PROPERLY PLACED UNDER END OF CATHETER
( ) 3.03 CATHETER DISCONNECTED FROM GLASS CONNECTING TUBE
( ) 3.04 TUBING PINNED ON STERILE GAUZE TO SIDE OF BED
( ) 3.05 SOLUTION DRAWN UP WITH CATHETER IN LEFT HAND AND BULB SYRINGE IN RIGHT HAND - 15 TO 30 CC. OF SOLUTION DRAWN UP AT A TIME
( ) 3.06 SOLUTION INJECTED WITH SLIGHT, EVEN PRESSURE
( ) 3.07 SOLUTION FLOWS OUT AND IS NOT SIPHONED BACK
( ) 3.08 PROCEDURE REPEATED UNTIL FLOW IS CLEAR AND RUNNING FREE
( ) 3.09 END AND TUBING WELL SPONGED WITH ALCOHOL SPONGE
( ) 3.10 CATHETER RECONNECTED TO GLASS CONNECTING TUBE

MISOE NO. __________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) __________

DIVISION 08 ELIMINATION

UNIT 03 IRRIGATION

TERMOB NO. 02-044

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 03 IRRIGATION

TERMOB NO. 02-045

1.00 CONDITION

( ) 1.01 PATIENT WITH COLOSTOMY
( ) 1.02 BED PROTECTOR
( ) 1.03 SMALL RECTAL TUBE
( ) 1.04 LUBRICANT
( ) 1.05 BASIN FOR RETURNS
( ) 1.06 BEDPAN
( ) 1.07 IRRIGATING CAN AND POLE
( ) 1.08 SOLUTION (AS ORDERED)
( ) 1.09 DRESSING PACK
( ) 1.10 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 PERFORM A COLOSTOMY IRRIGATION EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 DRAPE PATIENT AND PLACE BED PROTECTOR IN PLACE
( ) 2.03 TURN PATIENT ON AFFECTED SIDE
( ) 2.04 INSERT RECTAL TUBE AND ALLOW SOME SOLUTION TO RUN IN
( ) 2.05 FURTHER INSERT RECTAL TUBE
( ) 2.06 HANG SOLUTION ABOVE COLOSTOMY OPENING
( ) 2.07 CLAMP TUBE AND WITHDRAW
( ) 2.08 ALLOW EVACUATION OF BOWEL INTO LARGE BASIN; EMPTY BASIN AS NECESSARY
( ) 2.09 CLEANSE PATIENT AND APPLY FRESH DRESSING
( ) 2.10 CHECK AND CHART THE CONDITION OF SKIN AROUND COLOSTOMY

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 COLOSTOMY IRRIGATION PROPERLY PERFORMED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 20 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT PROPERLY DRAPED AND BED WELL PROTECTED
( ) 3.03 PILLOW AT PATIENT'S BACK
( ) 3.04 TUBE INSERTED WITH ROTATING MOTION 2-3 INCHES
( ) 3.05 TUBE INSERTED 6-8 INCHES AFTER SOME SOLUTION HAS RUN IN
( ) 3.06 NO MORE THAN 2 FEET ABOVE OPENING
( ) 3.07 TUBE WITHDRAWN SLOWLY WHEN REQUIRED AMOUNT GIVEN
( ) 3.08 BASIN EMPTIED INTO BEDPAN AS NECESSARY
( ) 3.09 AMPLE TIME ALLOWED FOR RETURN OF FLUID PRIOR TO

( ) 1.01 PATIENT WITH COLOSTOMY
( ) 1.02 BED PROTECTOR
( ) 1.03 SMALL RECTAL TUBE
( ) 1.04 LUBRICANT
( ) 1.05 BASIN FOR RETURNS
( ) 1.06 BEDPAN
( ) 1.07 IRRIGATING CAN AND POLE
( ) 1.08 SOLUTION (AS ORDERED)
( ) 1.09 DRESSING PACK
( ) 1.10 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 PERFORM A COLOSTOMY IRRIGATION EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 DRAPE PATIENT AND PLACE BED PROTECTOR IN PLACE
( ) 2.03 TURN PATIENT ON AFFECTED SIDE
( ) 2.04 INSERT RECTAL TUBE AND ALLOW SOME SOLUTION TO RUN IN
( ) 2.05 FURTHER INSERT RECTAL TUBE
( ) 2.06 HANG SOLUTION ABOVE COLOSTOMY OPENING
( ) 2.07 CLAMP TUBE AND WITHDRAW
( ) 2.08 ALLOW EVACUATION OF BOWEL INTO LARGE BASIN; EMPTY BASIN AS NECESSARY
( ) 2.09 CLEANSE PATIENT AND APPLY FRESH DRESSING
( ) 2.10 CHECK AND CHART THE CONDITION OF SKIN AROUND COLOSTOMY

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 COLOSTOMY IRRIGATION PROPERLY PERFORMED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 20 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT PROPERLY DRAPED AND BED WELL PROTECTED
( ) 3.03 PILLOW AT PATIENT'S BACK
( ) 3.04 TUBE INSERTED WITH ROTATING MOTION 2-3 INCHES
( ) 3.05 TUBE INSERTED 6-8 INCHES AFTER SOME SOLUTION HAS RUN IN
( ) 3.06 NO MORE THAN 2 FEET ABOVE OPENING
( ) 3.07 TUBE WITHDRAWN SLOWLY WHEN REQUIRED AMOUNT GIVEN
( ) 3.08 BASIN EMPTIED INTO BEDPAN AS NECESSARY
( ) 3.09 AMPLE TIME ALLOWED FOR RETURN OF FLUID PRIOR TO CLEANSING OF AREA; AREA WELL CLEANED
( ) 3.10 CORRECT INFORMATION RECORDED ACCORDING TO RULES FOR CHARTING

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

USOE CODE NO(S) ________________

UNIT 03 IRRIGATION

TERMOB NO. 02-045

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 04 ENEMA

TERMOB NO. 02-046

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 FLEET ENEMA
( ) 1.05 NEWSPAPER OR PAPER TOWELS
( ) 1.06 BEDPAN WITH COVER
( ) 1.07 TOILET TISSUE
( ) 1.08 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 GIVE FLEET ENEMA EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 WASH HANDS
( ) 2.03 ASSEMBLE EQUIPMENT
( ) 2.04 FOLD LINEN TO FOOT OF BED AND COVER PATIENT
( ) 2.05 PLACE PROTECTIVE RUBBER AND BED PAD UNDER PATIENT
( ) 2.06 PLACE PATIENT IN SIM'S POSITION
( ) 2.07 PLACE BEDPAN AT FOOT OF BED
( ) 2.08 REMOVE CAP FROM FLEET PREPARATION AND DISCARD
( ) 2.09 INSERT RECTAL TIP INTO RECTUM
( ) 2.10 ROLL BOTTOM OF FLEET PREPARATION TOWARD TIP
( ) 2.11 REMOVE TIP FROM RECTUM AND DISCARD, PLACE PATIENT ON BEDPAN
( ) 2.12 RETURN TO PATIENT WHEN SIGNALED AND ASSIST WITH TOILET TISSUE WHEN NECESSARY; REMOVE BEDPAN
( ) 2.13 GIVE PATIENT OPPORTUNITY TO WASH HANDS
( ) 2.14 REMOVE PROTECTIVE RUBBER AND SHEET, REPLACE BEDCLOTHES AND REMOVE BATH BLANKET
( ) 2.15 MAKE PATIENT COMFORTABLE
( ) 2.16 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 FLEET ENEMA PROPERLY ADMINISTERED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 THOROUGHLY
( ) 3.03 ALL NECESSARY EQUIPMENT ASSEMBLED

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 FLEET ENEMA
( ) 1.05 NEWSPAPER OR PAPER TOWELS
( ) 1.06 BEDPAN WITH COVER
( ) 1.07 TOILET TISSUE
( ) 1.08 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 GIVE FLEET ENEMA EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 WASH HANDS
( ) 2.03 ASSEMBLE EQUIPMENT
( ) 2.04 FOLD LINEN TO FOOT OF BED AND COVER PATIENT
( ) 2.05 PLACE PROTECTIVE RUBBER AND BED PAD UNDER PATIENT
( ) 2.06 PLACE PATIENT IN SIM'S POSITION
( ) 2.07 PLACE BEDPAN AT FOOT OF BED
( ) 2.08 REMOVE CAP FROM FLEET PREPARATION AND DISCARD
( ) 2.09 INSERT RECTAL TIP INTO RECTUM
( ) 2.10 ROLL BOTTOM OF FLEET PREPARATION TOWARD TIP
( ) 2.11 REMOVE TIP FROM RECTUM AND DISCARD, PLACE PATIENT ON BEDPAN
( ) 2.12 RETURN TO PATIENT WHEN SIGNALED AND ASSIST WITH TOILET TISSUE WHEN NECESSARY; REMOVE BEDPAN
( ) 2.13 GIVE PATIENT OPPORTUNITY TO WASH HANDS
( ) 2.14 REMOVE PROTECTIVE RUBBER AND SHEET, REPLACE BEDCLOTHES AND REMOVE BATH BLANKET
( ) 2.15 MAKE PATIENT COMFORTABLE
( ) 2.16 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 FLEET ENEMA PROPERLY ADMINISTERED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 THOROUGHLY
( ) 3.03 ALL NECESSARY EQUIPMENT ASSEMBLED
( ) 3.04 LINEN FAN FOLDED, PATIENT COVERED WITH BATH BLANKET
( ) 3.05 BED WELL PROTECTED
( ) 3.06 LEFT SIDE AND CHEST WITH RIGHT KNEE AND THIGN DRAWN UP
( ) 3.07 BEDPAN NOT BALANCED PRECARIOUSLY
( ) 3.08 CAP DISCARDED ON NEWSPAPER
( ) 3.09 TIP INSERTED 3 TO 4 INCHES
( ) 3.10 PREPARATION ROLLED SLOWLY, ALL PREPARATION UTILIZED
( ) 3.11 PATIENT SECURE, TIP DISCARDED ON NEWSPAPER/PAPER TOWELS
( ) 3.12 PROMPT RETURN UPON SIGNAL
( ) 3.13 PATIENT ENCOURAGED IF RELUCTANT 7/74
( ) 3.14 BED TIDY
( ) 3.15 PATIENT COMFORTABLE
( ) 3.16 CORRECT INFORMATION INCLUDING TIME, AMOUNT, RESULTS AND ANY UNTOWARD REACTIONS

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

USOE CODE NO(S) ____________

UNIT 04 ENEMA

TERMOB NO. 02-046

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 04 ENEMA

TERMOB NO. 02-047

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 SOLUTION AS ORDERED
( ) 1.05 TRAY WITH COVER CONTAINING 500 CC. GRADUATE, SMALL RECTAL TUBE #22, FUNNEL, LUBRICANT AND EMESIS BASIN
( ) 1.06 BED PROTECTOR
( ) 1.07 TOILET TISSUE
( ) 1.08 BED PAD
( ) 1.09 BEDPAN AND COVER
( ) 1.10 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 GIVE A RETENTION ENEMA EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 WASH HANDS
( ) 2.03 ASSEMBLE EQUIPMENT AND PREPARE SOLUTION
( ) 2.04 SCREEN PATIENT, EXPLAIN PROCEDURE; FOLD DOWN LINEN, COVER PATIENT
( ) 2.05 PLACE PROTECTIVE RUBBER AND BED PAD UNDER PATIENT
( ) 2.06 PLACE PATIENT IN PROPER POSITION
( ) 2.07 ATTACH RECTAL TUBE TO FUNNEL AND LUBRICATE
( ) 2.08 POUR SOME SOLUTION INTO FUNNEL AND ALLOW A FEW DROPS TO RUN THROUGH; PINCH OFF TUBE
( ) 2.09 SEPARATE BUTTOCKS AND INSERT RECTAL TUBE
( ) 2.10 HOLD FUNNEL ABOVE RECTUM AND ALLOW SOLUTION TO RUN IN
( ) 2.11 PINCH TUBE, REMOVE AND DISCARD
( ) 2.12 ENCOURAGE PATIENT TO REMAIN QUIET AND TO RETAIN SOLUTION
( ) 2.13 EXERT PRESSURE AGAINST RECTUM
( ) 2.14 MAKE PATIENT COMFORTABLE AND STRAIGHTEN BED
( ) 2.15 REMOVE EQUIPMENT TO UTILITY ROOM; WASH FUNNEL AND TUBING WITH SOAP AND WATER, RINSE, DRY AND REPLACE IN TRAY
( ) 2.16 CHART INFORMATION

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 08 ELIMINATION

UNIT 04 ENEMA

TERMOB NO. 02-047

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 04 ENEMA

TERMOB NO. 02-047 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 RETENTION ENEMA, VOLUME 250 CC OR LESS, GIVEN SLOWLY AT PROPER TEMPERATURE TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 THOROUGHLY
( ) 3.03 SOLUTION PREPARED AS ORDERED
( ) 3.04 PATIENT PROPERLY SCREENED AND COVERED, EXPLANATION SIMPLE, CORRECT AND AUDIBLE; LINEN FOLDED TO FOOT OF BED
( ) 3.05 BED WELL PROTECTED
( ) 3.06 PATIENT ON LEFT SIDE AND CHEST WITH RIGHT KNEE AND THIGH DRAWN UP (SIM'S) OR IF NECESSARY, PATIENT ON BACK WITH KNEES BENT, FEET FLAT ON BED
( ) 3.07 ATTACHED SECURELY, LUBRICATED WELL
( ) 3.08 ALL AIR EXPELLED; TUBE TIGHTLY PINCHED OFF
( ) 3.09 TUBE INSERTED 3 TO 4 INCHES
( ) 3.10 FUNNEL 5 INCHES ABOVE RECTUM AND AT LEAST HALF FULL THROUGHOUT PROCEDURE; SOLUTION RUNNING IN SLOWLY
( ) 3.11 TUBE SECURELY PINCHED, REMOVED QUICKLY, WRAPPED IN TOILET TISSUE AND PLACED IN EMESIS BASIN
( ) 3.12 ENCOURAGEMENT POLITE AND AUDIBLE
( ) 3.13 SLIGHT PRESSURE WITH TOILET TISSUE
( ) 3.14 BED NEAT
( ) 3.15 EQUIPMENT PROPERLY CARED FOR
( ) 3.16 CORRECT INFORMATION CHARTED INCLUDING TYPE OF ENEMA, SOLUTION ORDERED, AMOUNT AND SIGNATURE

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 08 ELIMINATION

UNIT 04 ENEMA

TERMOB NO. 02-047 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 04 ENEMA

TERMOB NO. 02-048

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 TRAY WITH COVER CONTAINING DISPOSABLE ENEMA SET, IRRIGATING CAN WITH TUBING AND CLAMP, PLASTIC OR GLASS CONNECTOR, AND A CURVED BASIN
( ) 1.05 LUBRICANT
( ) 1.06 RECTAL TUBE
( ) 1.07 RUBBER BED PROTECTOR
( ) 1.08 BED PAD
( ) 1.09 TOILET TISSUE
( ) 1.10 BEDPAN AND COVER
( ) 1.11 BATH BLANKET
( ) 1.12 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 GIVE A CLEANSING (EVACUATING) ENEMA EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 IDENTIFY PATIENT, SCREEN AND EXPLAIN PROCEDURE
( ) 2.03 APPLY BATH BLANKET AND FOLD DOWN TOP BED LINEN
( ) 2.04 PLACE RUBBER PROTECTOR, BEDPAD UNDER PATIENT'S BUTTOCKS
( ) 2.05 PLACE PATIENT IN SIM'S POSITION
( ) 2.06 ASSEMBLE EQUIPMENT
( ) 2.07 CLOSE CLAMP, ATTACH RECTAL TUBE
( ) 2.08 PLACE LUBRICANT ON TOILET TISSUE
( ) 2.09 MEASURE WATER AT 105-107° F. AND PREPARE DESIRED SOLUTION -IF SOAP SOLUTION IS USED, REMOVE FOAM AND PARTICLES
( ) 2.10 COVER TRAY AND CARRY EQUIPMENT TO BEDSIDE
( ) 2.11 PLACE BEDPAN ON CHAIR
( ) 2.12 LUBRICATE RECTAL TUBE
( ) 2.13 OPEN CLAMP, RAISE CAN AND ALLOW SOLUTION TO FLOW INTO BASIN; CLAMP TUBING
( ) 2.14 EXPOSE ANUS
( ) 2.15 EXPLAIN TO PATIENT WHAT IS BEING DONE AND INSERT TUBE
( ) 2.16 HOLD CAN ABOVE BUTTOCKS AND ALLOW A SMALL AMOUNT OF SOLUTION TO RUN IN
( ) 2.17 INSERT RECTAL TUBE 2 MORE INCHES AND RAISE CAN TO A LEVEL OF ABOUT 18 INCHES
( ) 2.18 ALLOW SOLUTION TO RUN IN, CLAMPING OFF BEFORE CAN IS ENTIRELY EMPTY
( ) 2.19 CLAMP TUBING, REMOVE RECTAL TUBE; ENCOURAGE PATIENT TO RETAIN A FEW MINUTES
( ) 2.20 ASSIST PATIENT TO TURN AND PLACE ON BEDPAN
( ) 2.21 ELEVATE BACK REST

( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 TRAY WITH COVER CONTAINING DISPOSABLE ENEMA SET, IRRIGATING CAN WITH TUBING AND CLAMP, PLASTIC OR GLASS CONNECTOR, AND A CURVED BASIN
( ) 1.05 LUBRICANT
( ) 1.06 RECTAL TUBE
( ) 1.07 RUBBER BED PROTECTOR
( ) 1.08 BED PAD
( ) 1.09 TOILET TISSUE
( ) 1.10 BEDPAN AND COVER
( ) 1.11 BATH BLANKET
( ) 1.12 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 GIVE A CLEANSING (EVACUATING) ENEMA EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 IDENTIFY PATIENT, SCREEN AND EXPLAIN PROCEDURE
( ) 2.03 APPLY BATH BLANKET AND FOLD DOWN TOP BED LINEN
( ) 2.04 PLACE RUBBER PROTECTOR, BEDPAD UNDER PATIENT'S BUTTOCKS
( ) 2.05 PLACE PATIENT IN SIM'S POSITION
( ) 2.06 ASSEMBLE EQUIPMENT
( ) 2.07 CLOSE CLAMP, ATTACH RECTAL TUBE
( ) 2.08 PLACE LUBRICANT ON TOILET TISSUE
( ) 2.09 MEASURE WATER AT 105-107° F. AND PREPARE DESIRED SOLUTION -IF SOAP SOLUTION IS USED, REMOVE FOAM AND PARTICLES
( ) 2.10 COVER TRAY AND CARRY EQUIPMENT TO BEDSIDE
( ) 2.11 PLACE BEDPAN ON CHAIR
( ) 2.12 LUBRICATE RECTAL TUBE
( ) 2.13 OPEN CLAMP, RAISE CAN AND ALLOW SOLUTION TO FLOW INTO BASIN; CLAMP TUBING
( ) 2.14 EXPOSE ANUS
( ) 2.15 EXPLAIN TO PATIENT WHAT IS BEING DONE AND INSERT TUBE
( ) 2.16 HOLD CAN ABOVE BUTTOCKS AND ALLOW A SMALL AMOUNT OF SOLUTION TO RUN IN
( ) 2.17 INSERT RECTAL TUBE 2 MORE INCHES AND RAISE CAN TO A LEVEL OF ABOUT 18 INCHES
( ) 2.18 ALLOW SOLUTION TO RUN IN, CLAMPING OFF BEFORE CAN IS ENTIRELY EMPTY
( ) 2.19 CLAMP TUBING, REMOVE RECTAL TUBE; ENCOURAGE PATIENT TO RETAIN A FEW MINUTES
( ) 2.20 ASSIST PATIENT TO TURN AND PLACE ON BEDPAN
( ) 2.21 ELEVATE BACK REST
( ) 2.22 PLACE TOILET TISSUE AND SIGNAL LIGHT CONVENIENTLY
( ) 2.23 REMOVE EQUIPMENT TO UTILITY ROOM, CLEANSE AND RETURN TO PROPER PLACE
( ) 2.24 RETURN TO PATIENT WHEN SIGNALED AND ASSIST WITH TOILET TISSUE WHEN NECESSARY; REMOVE BEDPAN
( ) 2.25 GIVE PATIENT OPPORTUNITY TO WASH HANDS
( ) 2.26 REMOVE PROTECTIVE RUBBER AND SHEET, REPLACE BED LINEN AND REMOVE BATH BLANKET
( ) 2.27 MAKE PATIENT COMFORTABLE
( ) 2.28 CHART INFORMATION

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 08 ELIMINATION

UNIT 04 ENEMA

TERMOB NO. 02-048

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 04 ENEMA

TERMOB NO. 02-048 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 CLEANSING OR EVACUATING ENEMA GIVEN PROPERLY AND NEATLY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 CORRECT PATIENT COMPLETELY SCREENED; EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.03 BED LINEN FAN FOLDED TO FOOT OF BED
( ) 3.04 BED WELL PROTECTED
( ) 3.05 PATIENT ON LEFT SIDE AND CHEST WITH RIGHT KNEE AND THIGH DRAWN UP
( ) 3.06 ALL NECESSARY EQUIPMENT ASSEMBLED
( ) 3.07 SECURELY
( ) 3.08 SUFFICIENT BUT NOT WASTEFUL QUANTITY
( ) 3.09 WATER AT PROPER TEMPERATURE
( ) 3.10 ALL EQUIPMENT CARRIED TO BEDSIDE
( ) 3.11 AT FOOT OF BED
( ) 3.12 WELL LUBRICATED
( ) 3.13 ALL AIR EXPELLED FROM TUBING, CLAMPED SECURELY
( ) 3.14 BY RAISING UPPER BOTTOM
( ) 3.15 EXPLANATION SIMPLE, CORRECT AND AUDIBLE; RECTAL TUBE INSERTED SLOWLY, GENTLY 2", PAST INTERNAL SPHINCTER
( ) 3.16 CAN A FEW INCHES ABOVE BUTTOCKS
( ) 3.17 CAN RAISED GRADUALLY
( ) 3.18 SOLUTION ALLOWED TO RUN IN SLOWLY
( ) 3.19 CLAMPED SECURELY, REMOVED GENTLY; ENCOURAGEMENT POLITE AND AUDIBLE
( ) 3.20 PATIENT ASSISTED WITHOUT STRAIN TO NURSE OR PATIENT
( ) 3.21 TO COMFORTABLE POSITION
( ) 3.22 WITHIN REACH OF PATIENT
( ) 3.23 CLEANSED THOROUGHLY
( ) 3.24 PROMPT RETURN UPON SIGNAL
( ) 3.25 PATIENT ENCOURAGED
( ) 3.26 BED NEAT
( ) 3.27 PATIENT COMFORTABLE
( ) 3.28 CORRECT INFORMATION CHARTED INCLUDING TIME, AMOUNT AND TYPE OF SOLUTION GIVEN, ANY UNTOWARD REACTION, AND OBSERVE AMOUNT, COLOR, CONSISTENCY, FLATUS EXPELLED, AND ANY UNUSUAL MATERIAL IN EXPELLED MATTER

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 08 ELIMINATION

UNIT 04 ENEMA

TERMOB NO. 02-048 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 08 ELIMINATION

UNIT 05 RECTAL TUBE

TERMOB NO. 02-049

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
T ( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 RECTAL TUBE
( ) 1.05 LUBRICANT
( ) 1.06 SPECIMEN BOTTLE
( ) 1.07 BOTTLE CAP
( ) 1.08 BEDPAN COVER
( ) 1.09 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 INSERT RECTAL TUBE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 WASH HANDS
( ) 2.03 ASSEMBLE EQUIPMENT
( ) 2.04 MAKE A HOLE IN BOTTLE CAP AND PLACE END OF TUBE THROUGH CAP INTO BOTTLE; PUT CAP IN PLACE ON BOTTLE
( ) 2.05 SCREEN PATIENT
( ) 2.06 EXPLAIN TREATMENT TO PATIENT
( ) 2.07 PLACE PATIENT IN SIM'S POSITION
( ) 2.08 SEPARATE BUTTOCKS, PINCH TUBE AND INSERT INTO RECTUM
( ) 2.09 COVER BOTTLE WITH BEDPAN COVER TO PREVENT ITS COMING IN CONTACT WITH SKIN
( ) 2.10 REMOVE TUBE
( ) 2.11 MAKE PATIENT COMFORTABLE
( ) 2.12 RETURN EQUIPMENT TO UTILITY ROOM, CLEAN AND RINSE WITH COLD WATER; WASH WITH SOAP AND HOT WATER; SOAK SPECIMEN BOTTLE IN DISINFECTANT
( ) 2.13 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 RECTAL TUBE INSERTED PROPERLY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 THOROUGHLY
( ) 3.03 ALL NECESSARY EQUIPMENT ASSEMBLED
( ) 3.04 TUBE SHOULD BE SECURE IN CAP

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 RECTAL TUBE
( ) 1.05 LUBRICANT
( ) 1.06 SPECIMEN BOTTLE
( ) 1.07 BOTTLE CAP
( ) 1.08 BEDPAN COVER
( ) 1.09 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 INSERT RECTAL TUBE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 WASH HANDS
( ) 2.03 ASSEMBLE EQUIPMENT
( ) 2.04 MAKE A HOLE IN BOTTLE CAP AND PLACE END OF TUBE THROUGH CAP INTO BOTTLE; PUT CAP IN PLACE ON BOTTLE
( ) 2.05 SCREEN PATIENT
( ) 2.06 EXPLAIN TREATMENT TO PATIENT
( ) 2.07 PLACE PATIENT IN SIM'S POSITION
( ) 2.08 SEPARATE BUTTOCKS, PINCH TUBE AND INSERT INTO RECTUM
( ) 2.09 COVER BOTTLE WITH BEDPAN COVER TO PREVENT ITS COMING IN CONTACT WITH SKIN
( ) 2.10 REMOVE TUBE
( ) 2.11 MAKE PATIENT COMFORTABLE
( ) 2.12 RETURN EQUIPMENT TO UTILITY ROOM, CLEAN AND RINSE WITH COLD WATER; WASH WITH SOAP AND HOT WATER; SOAK SPECIMEN BOTTLE IN DISINFECTANT
( ) 2.13 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 RECTAL TUBE INSERTED PROPERLY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 THOROUGHLY
( ) 3.03 ALL NECESSARY EQUIPMENT ASSEMBLED
( ) 3.04 TUBE SHOULD BE SECURE IN CAP
( ) 3.05 PATIENT WELL SCREENED
( ) 3.06 EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.07 PATIENT ON LEFT SIDE AND CHEST WITH RIGHT KNEE AND THIGH DRAWN UP
( ) 3.08 GENTLY, 3 TO 4 INCHES
( ) 3.09 BOTTLE PLACED SO THAT IT IS NOT UNCOMFORTABLE FOR PATIENT
( ) 3.10 TUBE REMOVED AT PROPER TIME
( ) 3.11 PATIENT COMFORTABLE
( ) 3.12 ALL NECESSARY EQUIPMENT RETURNED CLEAN, SPECIMEN BOTTLE DISINFECTED AND RINSED
( ) 3.13 CORRECT INFORMATION CHARTED INCLUDING TIME AND RESULTS

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 08 ELIMINATION

UNIT 05 RECTAL TUBE

TERMOB NO. 02-049

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 09 MEDICAL MEASURES

UNIT 01 THROAT IRRIGATION

TERMOB NO. 02-050

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 FACE TOWEL FOLDED AS A CRAVAT AND SAFETY PINS
( ) 1.05 KLEENEX
( ) 1.06 RUBBER PROTECTORS AND PAD
( ) 1.07 DRESSING BASINS
( ) 1.08 I.V. POLE
( ) 1.09 THROAT IRRIGATING SETUP WITH THERMOMETER
( ) 1.10 NEWSPAPER OR BAG
( ) 1.11 SOLUTION AS ORDERED (1000-2000 CC. SALINE OR GLUCOSE) AT TEMPERATURE 110-115° F.

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 IRRIGATE THE THROAT EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PREPARE 2 QUART SOLUTION
( ) 2.03 ATTACH TIP AND SUSPEND IN CAN
( ) 2.04 PLACE CRAVAT AND SECURE
( ) 2.05 PLACE RUBBER PROTECTOR, PAD AND BASIN ON PATIENT'S LAP
( ) 2.06 HANG IRRIGATION CAN ON I.V. POLE; PLACE TUBING; ALLOW SOLUTION TO FLOW INTO DRESSING BASIN
( ) 2.07 POSITION PATIENT
( ) 2.08 INSTRUCT PATIENT AS FOLLOWS:
BREATHE THROUGH NOSE; BEND SLIGHTLY FORWARD FROM WAIST; KEEP CHIN TILTED UPWARD; DO NOT COUGH, SWALLOW OR SNEEZE DURING PROCEDURE
( ) 2.09 HOLD TIP OF TUBE DIRECTING SOLUTION OVER INFLAMED AREA
( ) 2.10 POSITION PATIENT
( ) 2.11 STOP IRRIGATION TO ALLOW PATIENT TO REST AT INTERVALS
( ) 2.12 RETURN EQUIPMENT WITH THERMOMETER

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 THROAT IRRIGATED SAFELY AND PROPERLY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 TEMPERATURE 110-115° F.
( ) 3.03 WITHOUT SPILLS

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 FACE TOWEL FOLDED AS A CRAVAT AND SAFETY PINS
( ) 1.05 KLEENEX
( ) 1.06 RUBBER PROTECTORS AND PAD
( ) 1.07 DRESSING BASINS
( ) 1.08 I.V. POLE
( ) 1.09 THROAT IRRIGATING SETUP WITH THERMOMETER
( ) 1.10 NEWSPAPER OR BAG
( ) 1.11 SOLUTION AS ORDERED (1000-2000 CC. SALINE OR GLUCOSE) AT TEMPERATURE 110-115° F.

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 IRRIGATE THE THROAT EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PREPARE 2 QUART SOLUTION
( ) 2.03 ATTACH TIP AND SUSPEND IN CAN
( ) 2.04 PLACE CRAVAT AND SECURE
( ) 2.05 PLACE RUBBER PROTECTOR, PAD AND BASIN ON PATIENT'S LAP
( ) 2.06 HANG IRRIGATION CAN ON I.V. POLE; PLACE TUBING; ALLOW SOLUTION TO FLOW INTO DRESSING BASIN
( ) 2.07 POSITION PATIENT
( ) 2.08 INSTRUCT PATIENT AS FOLLOWS: BREATHE THROUGH NOSE; BEND SLIGHTLY FORWARD FROM WAIST; KEEP CHIN TILTED UPWARD; DO NOT COUGH, SWALLOW OR SNEEZE DURING PROCEDURE
( ) 2.09 HOLD TIP OF TUBE DIRECTING SOLUTION OVER INFLAMED AREA
( ) 2.10 POSITION PATIENT
( ) 2.11 STOP IRRIGATION TO ALLOW PATIENT TO REST AT INTERVALS
( ) 2.12 RETURN EQUIPMENT WITH THERMOMETER

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 THROAT IRRIGATED SAFELY AND PROPERLY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 TEMPERATURE 110-115° F.
( ) 3.03 WITHOUT SPILLS
( ) 3.04 CRAVAT COMFORTABLE AROUND NECK, SECURED WITH SAFETY PIN
( ) 3.05 PATIENT WELL PROTECTED
( ) 3.06 LEVEL IN CAN SHOULD BE 12 INCHES ABOVE PATIENT'S MOUTH, TUBING OVER RIGHT SHOULDER; ALL AIR EXPELLED FROM TUBING
( ) 3.07 AMBULATORY SHOULD SIT IN CHAIR, PATIENT SHOULD TURN ON SIDE IF UNABLE TO SIT UP
( ) 3.08 INSTRUCTIONS POLITE AND AUDIBLE
( ) 3.09 TUBE HELD AWAY FROM BACK OF THROAT
( ) 3.10 HEAD ELEVATED AND CHIN EXTENDED
( ) 3.11 STOP TO REST IF PATIENT VERY UNCOMFORTABLE
( ) 3.12 EQUIPMENT RETURNED CLEAN

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MISOE NO. ____________

PROGRAM	PRACTICAL NURSING	DIVISION 09		MEDICAL MEASURES
USOE CODE NO(S)		UNIT	01	THROAT IRRIGATION
		TERMOB NO.		02-050

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 09 MEDICAL MEASURES

UNIT 02 EYE CARE

TERMOB NO. 02-051

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 STERILE BULB SYRINGE
( ) 1.05 STERILE BOWL FOR SOLUTION
( ) 1.06 SOLUTION AS PER ORDER
( ) 1.07 EMESIS BASIN
( ) 1.08 STERILE COTTON BALLS
( ) 1.09 RUBBER PROTECTOR AND PAD
( ) 1.10 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 IRRIGATE THE EYE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 WARM SOLUTION
( ) 2.03 COVER PILLOW
( ) 2.04 TURN PATIENT'S HEAD TO AFFECTED SIDE
( ) 2.05 PLACE EMESIS BASIN TO RECEIVE FLOW
( ) 2.06 HOLD LIDS OPEN
( ) 2.07 FILL SYRINGE FROM BOWL AND DIRECT FLOW FROM INNER CANTHUS TO OUTER
( ) 2.08 DRY EYE GENTLY
( ) 2.09 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 EYE IRRIGATED PROPERLY WITH UNCONTAMINATED STERILE SOLUTION TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 SOLUTION IS NOT TOO HOT
( ) 3.03 PILLOW WELL PROTECTED WITH RUBBER PROTECTOR AND PAD
( ) 3.04 HEAD SLIGHTLY TURNED
( ) 3.05 EMESIS BASIN WILL CATCH FLOW
( ) 3.06 LIDS HELD GENTLY WITH THUMB AND FINGER
( ) 3.07 FLOW SHOULD BE GENTLE, NOT FORCEFUL
( ) 3.08 WIPING FROM INNER CANTHUS TO OUTER WITH STERILE COTTON BALLS
( ) 3.09 CORRECT INFORMATION CHARTED INCLUDING TIME, AMOUNT AND KIND OF SOLUTION, NATURE OF RETURN FLOW AND

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 STERILE BULB SYRINGE
( ) 1.05 STERILE BOWL FOR SOLUTION
( ) 1.06 SOLUTION AS PER ORDER
( ) 1.07 EMESIS BASIN
( ) 1.08 STERILE COTTON BALLS
( ) 1.09 RUBBER PROTECTOR AND PAD
( ) 1.10 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 IRRIGATE THE EYE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 WARM SOLUTION
( ) 2.03 COVER PILLOW
( ) 2.04 TURN PATIENT'S HEAD TO AFFECTED SIDE
( ) 2.05 PLACE EMESIS BASIN TO RECEIVE FLOW
( ) 2.06 HOLD LIDS OPEN
( ) 2.07 FILL SYRINGE FROM BOWL AND DIRECT FLOW FROM INNER CANTHUS TO OUTER
( ) 2.08 DRY EYE GENTLY
( ) 2.09 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 EYE IRRIGATED PROPERLY WITH UNCONTAMINATED STERILE SOLUTION TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 SOLUTION IS NOT TOO HOT
( ) 3.03 PILLOW WELL PROTECTED WITH RUBBER PROTECTOR AND PAD
( ) 3.04 HEAD SLIGHTLY TURNED
( ) 3.05 EMESIS BASIN WILL CATCH FLOW
( ) 3.06 LIDS HELD GENTLY WITH THUMB AND FINGER
( ) 3.07 FLOW SHOULD BE GENTLE, NOT FORCEFUL
( ) 3.08 WIPING FROM INNER CANTHUS TO OUTER WITH STERILE COTTON BALLS
( ) 3.09 CORRECT INFORMATION CHARTED INCLUDING TIME, AMOUNT AND KIND OF SOLUTION, NATURE OF RETURN FLOW AND EFFECT ON PATIENT

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 09 MEDICAL MEASURES

UNIT 02 EYE CARE

TERMOB NO. 02-051

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 09 MEDICAL MEASURES

UNIT 02 EYE CARE

TERMOB NO. 02-052

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 STERILE COTTON BALLS
( ) 1.05 SALINE SOLUTION
( ) 1.06 DROPPER
( ) 1.07 EYE DRUG
( ) 1.08 EYE OINTMENT
( ) 1.09 ORDER FOR EYE DRUGS AND OINTMENT

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 INSTILL EYE DRUG AND EYE OINTMENT EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 POSITION PATIENT
( ) 2.03 CLEANSE EYELID(S)
( ) 2.04 INSTRUCT PATIENT TO OPEN BOTH EYES AND LOOK UP
( ) 2.05 SPREAD LIDS APART
( ) 2.06 TILT PATIENT'S HEAD AND SUPPORT DROPPER
( ) 2.07 INSTILL DRUG
( ) 2.08 EXERT PRESSURE OVER LACRIMAL SAC
( ) 2.09 WASH OFF EYE LID
( ) 2.10 TILT PATIENT'S HEAD AND INSTRUCT HIM TO LOOK UP
( ) 2.11 SQUEEZE OINTMENT FROM TUBE
( ) 2.12 PULL LOWER LID DOWN AND SPREAD OINTMENT
( ) 2.13 INSTRUCT PATIENT TO CLOSE EYES AND ROTATE EYE BALL TO SPREAD
( ) 2.14 WIPE EXCESS OFF WITH COTTON BALL

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 EYE DRUG AND EYE OINTMENT PROPERLY INSTILLED WITHOUT EXERTING PRESSURE ON THE EYEBALL TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT ON BACK WITH KNEES BENT, FEET FLAT ON BED IN DORSAL RECUMBENT POSITION
( ) 3.03 STANDING AT HEAD OF PATIENT, CLEAN WITH COTTON BALL DIPPED IN SALINE SOLUTION, USING ONE STROKE FROM

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 STERILE COTTON BALLS
( ) 1.05 SALINE SOLUTION
( ) 1.06 DROPPER
( ) 1.07 EYE DRUG
( ) 1.08 EYE OINTMENT
( ) 1.09 ORDER FOR EYE DRUGS AND OINTMENT

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 INSTILL EYE DRUG AND EYE OINTMENT EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 POSITION PATIENT
( ) 2.03 CLEANSE EYELID(S)
( ) 2.04 INSTRUCT PATIENT TO OPEN BOTH EYES AND LOOK UP
( ) 2.05 SPREAD LIDS APART
( ) 2.06 TILT PATIENT'S HEAD AND SUPPORT DROPPER
( ) 2.07 INSTILL DRUG
( ) 2.08 EXERT PRESSURE OVER LACRIMAL SAC
( ) 2.09 WASH OFF EYE LID
( ) 2.10 TILT PATIENT'S HEAD AND INSTRUCT HIM TO LOOK UP
( ) 2.11 SQUEEZE OINTMENT FROM TUBE
( ) 2.12 PULL LOWER LID DOWN AND SPREAD OINTMENT
( ) 2.13 INSTRUCT PATIENT TO CLOSE EYES AND ROTATE EYE BALL TO SPREAD
( ) 2.14 WIPE EXCESS OFF WITH COTTON BALL

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 EYE DRUG AND EYE OINTMENT PROPERLY INSTILLED WITHOUT EXERTING PRESSURE ON THE EYEBALL TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT ON BACK WITH KNEES BENT, FEET FLAT ON BED IN DORSAL RECUMBENT POSITION
( ) 3.03 STANDING AT HEAD OF PATIENT, CLEAN WITH COTTON BALL DIPPED IN SALINE SOLUTION, USING ONE STROKE FROM INNER TO OUTER CANTHUS
( ) 3.04 INSTRUCTION POLITE AND AUDIBLE
( ) 3.05 INDEX FINGER ON CHEEK BONE AND THUMB ON BROW
( ) 3.06 TILTED TOWARDS AFFECTED SIDE, SUPPORTED ON PATIENT'S NOSE
( ) 3.07 DRUG INSTILLED IN LOWER CONJUNCTIVAL SAC AT INNER CANTHUS
( ) 3.08 SLIGHT PRESSURE EXERTED
( ) 3.09 GENTLY, WITH SALINE AND COTTON BALL
( ) 3.10 HEAD TILTED UPWARD
( ) 3.11 SMALL AMOUNT OF OINTMENT, BEFORE INSTILLING INTO EYE
( ) 3.12 OINTMENT SPREAD FROM INNER TO OUTER CANTHUS
( ) 3.13 INSTRUCTION POLITE AND AUDIBLE
( ) 3.14 GENTLY AND COMPLETELY

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 09 MEDICAL MEASURES

UNIT 02 EYE CARE

TERMOB NO. 02-052

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 09 MEDICAL MEASURES

UNIT 03 INHALATION

TERMOB NO. 02-053

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 CHART
( ) 1.04 ELECTRIC INHALATOR
( ) 1.05 TEPID WATER
( ) 1.06 COMPOUND TINCTURE OF BENZOIN (IF ORDERED)

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 ADMINISTER INHALATION EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 FILL BOTTLE OF INHALATOR
( ) 2.03 ADD BENZOIN TO CUP (IF ORDERED)
( ) 2.04 TAKE INHALATOR TO PATIENT'S BEDSIDE
( ) 2.05 INSTRUCT PATIENT TO INHALE THROUGH MOUTH FREELY
( ) 2.06 ADJUST NOZZLE
( ) 2.07 CONTINUE FOR 20 MINUTES OR AS LONG AS ORDERED
( ) 2.08 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 INHALATION ADMINISTERED TO PATIENT SAFELY AND PROPERLY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 20 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 FILLED WITH TEPID WATER
( ) 3.03 CUP TWO THIRDS FULL
( ) 3.04 INHALATOR BROUGHT TO BEDSIDE CAREFULLY
( ) 3.05 INSTRUCTIONS POLITE AND AUDIBLE
( ) 3.06 NOZZLE 18 TO 14 INCHES FROM PATIENT
( ) 3.07 INHALATION ADMINISTERED FOR CORRECT TIME PERIOD
( ) 3.08 CORRECT INFORMATION CHARTED INCLUDING TIME, LENGTH OF TREATMENT, AND EFFECT ON PATIENT

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 09 MEDICAL MEASURES

UNIT 03 INHALATION

TERMOB NO. 02-053

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 09 MEDICAL MEASURES

UNIT 04 CROUPETTE

TERMOB NO. 02-054

1.00 CONDITION

( ) 1.01 DOLL
( ) 1.02 INFANT
( ) 1.03 CROUPETTE
( ) 1.04 OXYGEN GAUGE WITH RUBBER TUBING ATTACHED
( ) 1.05 DISTILLED WATER
( ) 1.06 BUCKET WITH ICE
( ) 1.07 EMESIS BASIN
( ) 1.08 TWO (2) THICK RUBBER SQUARES
( ) 1.09 TWO (2) COTTON BED PADS
( ) 1.10 BATH BLANKETS
( ) 1.11 SAFETY PINS
( ) 1.12 ONE (1) PILLOW CASE

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 ADMINISTER CROUPETTE INHALATION EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PLACE CHILD AT OPPOSITE END OF BED WHILE ASSEMBLING EQUIPMENT
( ) 2.03 PLACE ONE RUBBER SQUARE COVERED BY ONE COTTON PAD AT HEAD OF BED
( ) 2.04 PLACE CROUPETTE OVER THESE AND OPEN STEEL FRAME
( ) 2.05 SNAP CANOPY IN PLACE
( ) 2.06 FILL ICE CHAMBER WITH ICE AND THEN ADD WATER
( ) 2.07 PLACE EMESIS BASIN UNDER DRIP NOZZLE
( ) 2.08 UNSCREW WATER JAR BELOW ICE CHAMBER, FILL WITH DISTILLED WATER AND REPLACE
( ) 2.09 INSERT OXYGEN GAUGE IN OXYGEN OUTLET IN WALL WITH OXYGEN TUBING ATTACHED
( ) 2.10 FOLD COTTON BEDPAD AND PLACE ACROSS NARROW BAR AT HEAD OF CROUPETTE
( ) 2.11 PLACE CHILD IN CROUPETTE
( ) 2.12 COVER PATIENT
( ) 2.13 PLACE RUBBER SQUARE INSIDE PILLOW CASE
( ) 2.14 SECURE RUBBER SQUARE
( ) 2.15 SET FLOW METER
( ) 2.16 ATTACH OXYGEN TUBE TO NOZZLE
( ) 2.17 ADJUST DAMPER VALVE
( ) 2.18 FIT CANOPY OVER FRAME OF CROUPETTE AND CLOSE; PLACE BATH BLANKET OVER OPEN END OF CANOPY AND ANCHOR UNDER MATTRESS
( ) 2.19 ADJUST DAMPER VALVE
( ) 2.20 INSTRUCT CHILD AS TO WHAT IS GOING TO HAPPEN WHEN POSSIBLE
( ) 2.21 KEEP PATIENT DRY BY CHANGING LINEN

( ) 1.01 DOLL
( ) 1.02 INFANT
( ) 1.03 CROUPETTE
( ) 1.04 OXYGEN GAUGE WITH RUBBER TUBING ATTACHED
( ) 1.05 DISTILLED WATER
( ) 1.06 BUCKET WITH ICE
( ) 1.07 EMESIS BASIN
( ) 1.08 TWO (2) THICK RUBBER SQUARES
( ) 1.09 TWO (2) COTTON BED PADS
( ) 1.10 BATH BLANKETS
( ) 1.11 SAFETY PINS
( ) 1.12 ONE (1) PILLOW CASE

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 ADMINISTER CROUPETTE INHALATION EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PLACE CHILD AT OPPOSITE END OF BED WHILE ASSEMBLING EQUIPMENT
( ) 2.03 PLACE ONE RUBBER SQUARE COVERED BY ONE COTTON PAD AT HEAD OF BED
( ) 2.04 PLACE CROUPETTE OVER THESE AND OPEN STEEL FRAME
( ) 2.05 SNAP CANOPY IN PLACE
( ) 2.06 FILL ICE CHAMBER WITH ICE AND THEN ADD WATER
( ) 2.07 PLACE EMESIS BASIN UNDER DRIP NOZZLE
( ) 2.08 UNSCREW WATER JAR BELOW ICE CHAMBER, FILL WITH DISTILLED WATER AND REPLACE
( ) 2.09 INSERT OXYGEN GAUGE IN OXYGEN OUTLET IN WALL WITH OXYGEN TUBING ATTACHED
( ) 2.10 FOLD COTTON BEDPAD AND PLACE ACROSS NARROW BAR AT HEAD OF CROUPETTE
( ) 2.11 PLACE CHILD IN CROUPETTE
( ) 2.12 COVER PATIENT
( ) 2.13 PLACE RUBBER SQUARE INSIDE PILLOW CASE
( ) 2.14 SECURE RUBBER SQUARE
( ) 2.15 SET FLOW METER
( ) 2.16 ATTACH OXYGEN TUBE TO NOZZLE
( ) 2.17 ADJUST DAMPER VALVE
( ) 2.18 FIT CANOPY OVER FRAME OF CROUPETTE AND CLOSE; PLACE BATH BLANKET OVER OPEN END OF CANOPY AND ANCHOR UNDER MATTRESS
( ) 2.19 ADJUST DAMPER VALVE
( ) 2.20 INSTRUCT CHILD AS TO WHAT IS GOING TO HAPPEN WHEN POSSIBLE
( ) 2.21 KEEP PATIENT DRY BY CHANGING LINEN
( ) 2.22 OBSERVE PATIENT CLOSELY FOR ANY SIGNS OF ACUTE RESIRATORY DIFFICULTY AND REPORT IMMEDIATELY; CHECK COLOR, PULSE AND RESPIRATION AS ORDERED
( ) 2.23 ADJUST LINEN; USE RESTRAINTS ONLY IF NECESSARY
( ) 2.24 ALLEVIATE TENSION OF UPSET CHILD BY REASSURANCE

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 09 MEDICAL MEASURES

UNIT 04 CROUPETTE

TERMOB NO. 02-054

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 09 MEDICAL MEASURES

UNIT 04 CROUPETTE

TERMOB NO. 02-054 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 CROUPETTE SET UP AND USED SAFELY AND PROPERLY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 CHILD SAFELY ON BED
( ) 3.03 SQUARE FULLY COVERED
( ) 3.04 FRAME FORMS BOXLIKE STRUCTURE
( ) 3.05 BEGINNING AT ONE END AND MATCHING SNAPS UNTIL COMPLETELY FASTENED
( ) 3.06 ICE ADDED USING EMESIS BASIN; CHAMBER FULL TO ONE HALF LEVEL WITH WATER
( ) 3.07 BASIN POSITIONED TO CATCH DRIPS
( ) 3.08 ATOMIZER IN PLACE
( ) 3.09 GAUGE PROPERLY INSERTED, TUBE SECURE
( ) 3.10 BED PAD FOLDED LENGTHWISE
( ) 3.11 CHILD PLACED IN CROUPETTE
( ) 3.12 PATIENT COVERED WITH BATH BLANKET
( ) 3.13 SQUARE PLACED INSIDE OF CASE
( ) 3.14 EACH OF THE FOUR CORNERS SECURED BY A SAFETY PIN
( ) 3.15 FLOW METER SET AT 8 L.P.M. BEFORE ATTACHING RUBBER OXYGEN TUBE TO CROUPETTE
( ) 3.16 TO BE ATTACHED TO NOZZLE ABOVE WATER JAR
( ) 3.17 VALVE ADJUSTED TO HORIZONTAL OR "OPEN" POSITION
( ) 3.18 CANOPY CLOSED SECURELY AND NEATLY
( ) 3.19 VALVE ADJUSTED TO VERTICAL POSITION
( ) 3.20 INSTRUCTIONS SIMPLE, CORRECT, AND AUDIBLE
( ) 3.21 LINEN CHANGED EVERY TWO HOURS
( ) 3.22 ANY EXISTING SIGNS OF RESPIRATORY DISTRESS NOTICED PROMPTLY AND REPORTED
( ) 3.23 LINEN ADJUSTED NOT TO UNDULY RESTRICT CHILD
( ) 3.24 CHILD REASSURED

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 09 MEDICAL MEASURES

UNIT 04 CROUPETTE

TERMOB NO. 02-054 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 10 SPECIMENS AND TEST

UNIT 01 STOOL SPECIMEN

TERMOB NO. 02-0[illegible]5

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 SPECIMEN CUP
( ) 1.04 TONGUE DEPRESSOR
( ) 1.05 LABORATORY REQUEST SLIP
( ) 1.06 BEDPAN

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 COLLECT STOOL SPECIMEN EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 LEAVE BEDPAN WITH PATIENT AND OBTAIN STOOL
( ) 2.03 REMOVE PORTION OF STOOL AND DEPOSIT IN SPECIMEN CUP
( ) 2.04 SEND SPECIMEN TO LABORATORY WITH THE REQUISITION SLIP FILLED IN

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 UNCONTAMINATED STOOL SPECIMEN PROPERLY COLLECTED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 USING PROPER PROCEDURE FOR BEDPAN ELIMINATION
( ) 3.03 USING TONGUE DEPRESSOR
( ) 3.04 SPECIMEN SENT IMMEDIATELY WITH REQUISITION SLIP FILLED IN COMPLETELY

MISOE NO. ______________

PROGRAM PRACTICAL NURSING
USOE CODE NO(S) ______________

DIVISION 10 SPECIMENS AND TEST
UNIT 01 STOOL SPECIMEN
TERMOB NO. 02-055

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 10 SPECIMENS AND TESTS

UNIT 02 URINE SPECIMEN

TERMOB NO. 02-053

1.00 CONDITION

( ) 1.01 MALE PATIENT
( ) 1.02 FEMALE PATIENT
( ) 1.03 FOUR TO FIVE TOWELETTES WHICH CONTAIN AQUEOUS ZEPHIRAN
( ) 1.04 STERILE WATER (120 CC. SCREW TOP BOTTLE)
( ) 1.05 STERILE URINE BOTTLE

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 COLLECT A CLEAN VOIDED URINE SPECIMEN EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 INSTRUCT PATIENT TO NOTIFY NURSE PRIOR TO VOIDING
( ) 2.03 CLEAN AREA WELL WITH AQUEOUS ZEPHIRAN TOWELETTES
( ) 2.04 FOLLOW AQUEOUS ZEPHIRAN WASH WITH A RINSE OF STERILE WATER; POUR ENTIRE CONTENTS OF BOTTLE OF 120 CC. WATER OVER MEATUS
( ) 2.05 INSTRUCT PATIENT TC VOID; CATCH THE URINE SPECIMEN MIDSTREAM INTO STERILE URINE BOTTLE
( ) 2.06 LABEL AND SEND ON TO LABORATORY AT ONCE WITH CULTURE SLIP IF NECESSARY

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 PROPERLY LABELLED UNCONTAMINATED, CLEAN VOIDED URINE SPECIMEN COLLECTED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 INSTRUCTIONS CLEAR AND AUDIBLE
( ) 3.03 IF PATIENT IS FEMALE, LABIA AND MEATUS MUST BE CLEANSED; IF MALE, PENIS CLEANSED OUTWARD STARTING WITH MEATUS
( ) 3.04 AQUEOUS ZEPHIRAN RINSED OFF WELL
( ) 3.05 BOTTLE NOT CONTAMINATED
( ) 3.06 LABELLED CORRECTLY, ALL REQUIRED SLIPS SENT

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 10 SPECIMENS AND TESTS

UNIT 02 URINE SPECIMEN

TERMOB NO. 02-056

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 10 SPECIMENS AND TESTS

UNIT 02 URINE SPECIMEN

TERMOB NO. 02-057

1.00 CONDITION

( ) 1.01 PATIENT
( ) 1.02 LARGE BOTTLE
( ) 1.03 GRADUATE
( ) 1.04 LABORATORY

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 COLLECT 24 HOUR URINE SPECIMEN EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 LABEL BOTTLE
( ) 2.03 EXPLAIN TO PATIENT THAT A 24 HOUR SPECIMEN IS NEEDED, MAKING CERTAIN PATIENT UNDERSTANDS ALL URINE DURING THAT TIME IS TO BE SAVED
( ) 2.04 HAVE PATIENT VOID AT THE TIME TEST IS STARTED
( ) 2.05 SAVE ALL URINE SUBSEQUENTLY VOIDED
( ) 2.06 SEND SPECIMEN WITH REQUEST SLIP TO THE LABORATORY

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PROPERLY LABELLED COMPLETE 24 HOUR URINE SPECIMEN COLLECTED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN THE 24 HOURS PLUS 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT'S NAME AND "24 HOUR SPECIMEN" ON LABEL
( ) 3.03 EXPLANATION SIMPLE, CLEAR AND AUDIBLE
( ) 3.04 THIS URINE DISCARDED, USUALLY TEST STARTS AT 7:00 A.M.
( ) 3.05 ALL URINE SAVED FOR FULL 24 HOURS; URINE OBTAINED AT 7:00 A.M. OF SECOND DAY IS SAVED
( ) 3.06 SPECIMEN AND REQUEST SLIP PROPERLY COMPLETED

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 10 SPECIMENS AND TESTS

UNIT 02 URINE SPECIMEN

TERMOB NO. 02-057

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 10 SPECIMENS AND TESTS

UNIT 02 URINE SPECIMEN

TERMOB NO. 02-058

1.00 CONDITION

( ) 1.01 PATIENT
( ) 1.02 DIAGNEX BLUE TABLETS
( ) 1.03 GLASS
( ) 1.04 WATER
( ) 1.05 DIAGNEX GRANULES
( ) 1.06 BEDPAN
( ) 1.07 SPECIMEN CUPS

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 COLLECT SPECIMEN FOR DIAGNEX BLUE TEST EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 ADMINISTER DIAGNEX BLUE TABLETS
( ) 2.03 OBTAIN SPECIMEN
( ) 2.04 DISCARD SPECIMEN
( ) 2.05 ADMINISTER DIAGNEX GRANULES
( ) 2.06 OBTAIN SPECIMEN
( ) 2.07 SEND SPECIMEN TO LABORATORY

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 SPECIMEN FOR DIAGNEX BLUE TEST IS OBTAINED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 2 HOURS WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 TWO TABLETS TAKEN WITH WATER
( ) 3.03 SPECIMEN OBTAINED
( ) 3.04 PROPERLY, USING ALL SANITARY PRECAUTIONS
( ) 3.05 WITH WATER, ALL GRANULES MUST BE SWALLOWED
( ) 3.06 SPECIMEN OBTAINED
( ) 3.07 CORRECTLY LABELLED

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 10 SPECIMENS AND TESTS

UNIT 02 URINE SPECIMEN

TERMOB NO. 02-058

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 10 SPECIMENS AND TESTS

UNIT 03 SPUTUM SPECIMEN

TERMOB NO. 02-059

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 SPECIMEN CUP
( ) 1.04 TONGUE DEPRESSOR
( ) 1.05 LABORATORY REQUEST SLIP
( ) 1.06 CULTURE TUBE WITH SWAB

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 COLLECT SPUTUM SPECIMEN EMPLOYING THE FOLLOWING PROCEDURES:

( ) 2.02 LEAVE SPECIMEN CONTAINER AT BEDSIDE AND INSTRUCT PATIENT TO EXPECTORATE INTO IT
( ) 2.03 OBTAIN THE SPECIMEN IN THE MORNING
( ) 2.04 SEND THE SPECIMEN TO THE LABORATORY WITH THE REQUISITION SLIP FILLED IN

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 UNCONTAMINATED SPUTUM SPECIMEN PROPERLY COLLECTED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 INSTRUCTION POLITE AND CLEAR
( ) 3.03 SPECIMEN OBTAINED IN MORNING, IF POSSIBLE
( ) 3.04 SPECIMEN SENT IMMEDIATELY WITH REQUISITION SLIP FILLED IN COMPLETELY

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 10 SPECIMENS AND TESTS

UNIT 03 SPUTUM SPECIMEN

TERMOB NO. 02-059

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 10 SPECIMENS AND TESTS

UNIT 04 TESTS

TERMOB NO. 02-060

1.00 CONDITION

( ) 1.01 BEDPAN
( ) 1.02 FRESHLY VOIDED URINE SPECIMEN
( ) 1.03 CLINITEST RACK CONTAINING:
    CLEAN TEST TUBE
    DROPPER
    ONE CLINITEST REAGENT TABLET
    COLOR CHART
    SMALL AMOUNT OF WATER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 PERFORM URINE SUGAR ANALYSIS EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 AVOID EXPOSING UNUSED TABLETS TO MOISTURE
( ) 2.03 EXPLAIN PROCEDURE TO PATIENT
( ) 2.04 COLLECT URINE AND TAKE SPECIMEN TO UTILITY ROOM IN SPECIMEN BOTTLE
( ) 2.05 PLACE URINE UPRIGHT IN TEST TUBE
( ) 2.06 RINSE DROPPER AND PLACE WATER IN TEST TUBE
( ) 2.07 SHAKE ONE CLINITEST TABLET INTO BOTTLE COVER AND THEN DROP IT INTO TEST TUBE
( ) 2.08 WATCH WHILE THE REACTION TAKES PLACE
( ) 2.09 SHAKE TEST TUBE GENTLY AND COMPARE WITH COLOR CHART

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 CORRECTLY DETERMINE SUGAR CONTENT OF URINE USING THE CLINITEST URINE SUGAR ANALYSIS TEST TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 BY QUICKLY AND TIGHTLY REPLACING THE COVER EACH TIME A TABLET IS REMOVED FROM BOTTLE
( ) 3.03 EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.04 IN A CLEAN RECEPTACLE
( ) 3.05 5 DROPS OF URINE USING A DROPPER
( ) 3.06 10 DROPS OF WATER, DROPPER THOROUGHLY RINSED
( ) 3.07 TABLETS NOT TOUCHED; NO BLUE OR BLACK TABLET USED
( ) 3.08 TEST TUBE NOT SHAKEN
( ) 3.09 COLOR COMPARISON MADE CORRECTLY 15 SECONDS AFTER THE

( ) 1.01 BEDPAN
( ) 1.02 FRESHLY VOIDED URINE SPECIMEN
( ) 1.03 CLINITEST RACK CONTAINING:
    CLEAN TEST TUBE
    DROPPER
    ONE CLINITEST REAGENT TABLET
    COLOR CHART
    SMALL AMOUNT OF WATER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 PERFORM URINE SUGAR ANALYSIS EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 AVOID EXPOSING UNUSED TABLETS TO MOISTURE
( ) 2.03 EXPLAIN PROCEDURE TO PATIENT
( ) 2.04 COLLECT URINE AND TAKE SPECIMEN TO UTILITY ROOM IN SPECIMEN BOTTLE
( ) 2.05 PLACE URINE UPRIGHT IN TEST TUBE
( ) 2.06 RINSE DROPPER AND PLACE WATER IN TEST TUBE
( ) 2.07 SHAKE ONE CLINITEST TABLET INTO BOTTLE COVER AND THEN DROP IT INTO TEST TUBE
( ) 2.08 WATCH WHILE THE REACTION TAKES PLACE
( ) 2.09 SHAKE TEST TUBE GENTLY AND COMPARE WITH COLOR CHART

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 CORRECTLY DETERMINE SUGAR CONTENT OF URINE USING THE CLINITEST URINE SUGAR ANALYSIS TEST TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 BY QUICKLY AND TIGHTLY REPLACING THE COVER EACH TIME A TABLET IS REMOVED FROM BOTTLE
( ) 3.03 EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.04 IN A CLEAN RECEPTACLE
( ) 3.05 5 DROPS OF URINE USING A DROPPER
( ) 3.06 10 DROPS OF WATER, DROPPER THOROUGHLY RINSED
( ) 3.07 TABLETS NOT TOUCHED; NO BLUE OR BLACK TABLET USED
( ) 3.08 TEST TUBE NOT SHAKEN
( ) 3.09 COLOR COMPARISON MADE CORRECTLY 15 SECONDS AFTER THE BOILING INSIDE TUBE HAS STOPPED

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 10 SPECIMENS AND TESTS

UNIT 04 TESTS

TERMOB NO. 02-060

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 10 SPECIMENS AND TESTS

UNIT 04 TESTS

TERMOB NO. 02-061

1.00 CONDITION

( ) 1.01 PATIENT
( ) 1.02 STUDENT
( ) 1.03 BEDPAN OR URINAL AND COVER
( ) 1.04 SPECIMEN BOTTLE AND COVER
( ) 1.05 LABORATORY REQUEST SLIP
( ) 1.06 CLEAN TEST TUBE
( ) 1.07 MEDICINE DROPPER
( ) 1.08 MEDICINE GLASS
( ) 1.09 PAN
( ) 1.10 TEST TUBE HOLDER
( ) 1.11 BENEDICT'S SOLUTION
( ) 1.12 FRESHLY VOIDED SPECIMEN
( ) 1.13 ACETONE TABLET
( ) 1.14 ACETONE POWDER
( ) 1.15 PAPER
( ) 1.16 EYE DROPPER
( ) 1.17 ACETONE COLOR CHART
( ) 1.18 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 PERFORM BENEDICT'S SUGAR AND ACETONE TESTS EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 EXPLAIN TO PATIENT THAT A SAMPLE OF URINE IS NEEDED
( ) 2.03 HAVE PATIENT VOID INTO A CLEAN BEDPAN OR URINAL, INSTRUCTING PATIENT NOT TO PUT TOILET TISSUE INTO IT
( ) 2.04 POUR SAMPLE INTO SPECIMEN BOTTLE AND COVER
( ) 2.05 CLEAN BEDPAN OR URINAL AND RETURN TO PROPER PLACE
( ) 2.06 WASH HANDS
( ) 2.07 ATTACH LABORATORY REQUEST SLIP TO BOTTLE AND BRING TO DESIGNATED AREA
( ) 2.08 MEASURE BENEDICT'S SOLUTION; POUR SOLUTION INTO TEST TUBE
( ) 2.09 ADD URINE TO SOLUTION IN TEST TUBE
( ) 2.10 PLACE TEST TUBE INTO BOILING WATER
( ) 2.11 COMPARE WITH COLOR CHART
( ) 2.12 RINSE EQUIPMENT
( ) 2.13 CHART INFORMATION
( ) 2.14 PLACE ACETONE TABLET OR SMALL AMOUNT OF ACETONE POWDER ON PAPER
( ) 2.15 DROP URINE ON TABLET OR POWDER
( ) 2.16 OBSERVE REACTION AND COMPARE WITH ACETONE COLOR CHART
( ) 2.17 CHART TIME, PROCEDURE, RESULTS

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 10 SPECIMENS AND TESTS

UNIT 04 TESTS

TERMOB NO. 02-061

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 10 SPECIMENS AND TESTS

UNIT 04 TESTS

TERMOB NO. 02-061 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 URINE SAMPLE COLLECTED AND BENEDICT'S SUGAR AND ACETONE TESTS PERFORMED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.03 ALTERNATIVE RECEPTACLE PROVIDED FOR TISSUE
( ) 3.04 BOTTLE NOT COMPLETELY FILLED, SAMPLE SIZE APPROXIMATELY 5 OUNCES
( ) 3.05 BEDPAN OR URINAL CLEANED AND RETURNED TO PROPER PLACE
( ) 3.06 THOROUGHLY
( ) 3.07 CORRECT SLIP ATTACHED SECURELY
( ) 3.08 5 CC. OF BENEDICT'S SOLUTION MEASURED IN MEDICINE GLASS; TEST TUBE CLEAN
( ) 3.09 8 DROPS OF URINE USING MEDICINE DROPPER
( ) 3.10 FOR 5 MINUTES
( ) 3.11 CORRECT COMPARISON MADE
( ) 3.12 RINSED IN COLD WATER
( ) 3.13 CORRECT INFORMATION CHARTED IN ACCORDANCE WITH RULES FOR CHARTING INCLUDING TIME, PROCEDURE AND RESULTS
( ) 3.14 NEATLY
( ) 3.15 ONE DROP OF URINE
( ) 3.16 COLORS MATCHED CORRECTLY
( ) 3.17 CORRECT INFORMATION CHARTED IN ACCORDANCE WITH RULES FOR CHARTING INCLUDING TIME, PROCEDURE AND RESULTS

MISOE NO. ____________

PROGRAM	PRACTICAL NURSING	DIVISION 10	SPECIMENS AND TESTS
USOE CODE NO(S)		UNIT 04	TESTS
		TERMOB NO.	02-061 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 11 WOUND CARE

UNIT 01 BANDAGES

TERMOB NO. 02-062

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 ACE BANDAGE
( ) 1.05 PINS OR CLIPS

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 APPLY AN ACE BANDAGE ABOUT THE ANKLE AND LOWER LEG EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 WASH HANDS
( ) 2.03 OBTAIN AND TAKE EQUIPMENT TO BEDSIDE
( ) 2.04 EXPLAIN PROCEDURE TO PATIENT; EXPOSE THE PART
( ) 2.05 HOLD ACE BANDAGE ROLL
( ) 2.06 HAVE PATIENT EXTEND THE PART, IF POSSIBLE; SUPPORT EXTREMITY AS NECESSARY
( ) 2.07 ANCHOR BANDAGE
( ) 2.08 BANDAGE AREA
( ) 2.09 HAVE PATIENT FLEX KNEE IF POSSIBLE; SUPPORT THE EXTREMITY AS NECESSARY
( ) 2.10 CONTINUE UPWARD; IF MORE THAN ONE ACE BANDAGE IS USED, OVERLAP THE 1ST ONE TO PREVENT FROM SLIPPING
( ) 2.11 FINISH BANDAGING
( ) 2.12 CHECK CIRCULATION AFTER BANDAGE HAS BEEN APPLIED
( ) 2.13 REARRANGE COVERS AND MAKE PATIENT COMFORTABLE
( ) 2.14 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 ACE BANDAGE APPLIED SAFELY AND CORRECTLY TO THE ANKLE AND LOWER LEG WITH NO SIGNS OF CIRCULATION IMPAIRMENT TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 THOROUGHLY
( ) 3.03 PROPER EQUIPMENT OBTAINED; CLEAN BANDAGE USED
( ) 3.04 EXPLANATION SIMPLE, CORRECT AND AUDIBLE; LOWER LEG AND ANKLE EXPOSED
( ) 3.05 LOOSE END COMING OFF BOTTOM OF ROLL
( ) 3.06 EXTREMITY SUPPORTED PROPERLY
( ) 3.07 WITH TWO CIRCULAR TURNS AROUND ANKLE, SECOND TURN

( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 ACE BANDAGE
( ) 1.05 PINS OR CLIPS

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 APPLY AN ACE BANDAGE ABOUT THE ANKLE AND LOWER LEG EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 WASH HANDS
( ) 2.03 OBTAIN AND TAKE EQUIPMENT TO BEDSIDE
( ) 2.04 EXPLAIN PROCEDURE TO PATIENT; EXPOSE THE PART
( ) 2.05 HOLD ACE BANDAGE ROLL
( ) 2.06 HAVE PATIENT EXTEND THE PART, IF POSSIBLE; SUPPORT EXTREMITY AS NECESSARY
( ) 2.07 ANCHOR BANDAGE
( ) 2.08 BANDAGE AREA
( ) 2.09 HAVE PATIENT FLEX KNEE IF POSSIBLE; SUPPORT THE EXTREMITY AS NECESSARY
( ) 2.10 CONTINUE UPWARD; IF MORE THAN ONE ACE BANDAGE IS USED, OVERLAP THE 1ST ONE TO PREVENT FROM SLIPPING
( ) 2.11 FINISH BANDAGING
( ) 2.12 CHECK CIRCULATION AFTER BANDAGE HAS BEEN APPLIED
( ) 2.13 REARRANGE COVERS AND MAKE PATIENT COMFORTABLE
( ) 2.14 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 ACE BANDAGE APPLIED SAFELY AND CORRECTLY TO THE ANKLE AND LOWER LEG WITH NO SIGNS OF CIRCULATION IMPAIRMENT TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 THOROUGHLY
( ) 3.03 PROPER EQUIPMENT OBTAINED; CLEAN BANDAGE USED
( ) 3.04 EXPLANATION SIMPLE, CORRECT AND AUDIBLE; LOWER LEG AND ANKLE EXPOSED
( ) 3.05 LOOSE END COMING OFF BOTTOM OF ROLL
( ) 3.06 EXTREMITY SUPPORTED PROPERLY
( ) 3.07 WITH TWO CIRCULAR TURNS AROUND ANKLE, SECOND TURN EXACTLY COVERING FIRST
( ) 3.08 UNDER INSTEP OF FOOT, OVER TOP OF FOOT, AROUND ANKLE
( ) 3.09 EXTREMITY SUPPORTED PROPERLY
( ) 3.10 WITH SPIRAL TURNS EACH OVERLAPPING PRECEDING ONE BY 1/2 THE WIDTH OF THE BANDAGE. IF MORE THAN ONE BANDAGE IS USED, THE SECOND OVERLAPS THE FIRST; BANDAGE APPLIED FIRMLY BUT NOT TIGHTLY
( ) 3.11 END WITH 1 OR 2 CIRCULAR TURNS; CLIP/PIN ON OUTER ASPECT
( ) 3.12 SIGNS OF IMPAIRED CIRCULATION NOTED; BANDAGE ADJUSTED
( ) 3.13 COVERS NEAT AND PATIENT COMFORTABLE 7/74
( ) 3.14 CORRECT INFORMATION CHARTED INCLUDING TIME, PROCEDURE, AND CONDITION OF PART

MISOE NO. ______________

PROGRAM	PRACTICAL NURSING	DIVISION 11	WOUND CARE
USOE CODE NO(S)		UNIT 01	BANDAGES
		TERMOB NO.	02-062

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 11 WOUND CARE

UNIT 01 BANDAGES

TERMOB NO. 02-063

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 TRIANGULAR BANDAGE
( ) 1.05 PIN

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CONSTRUCT A SLING EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 OBTAIN AND TAKE EQUIPMENT TO BEDSIDE
( ) 2.03 EXPLAIN PROCEDURE TO PATIENT; PLACE PATIENT IN A COMFORTABLE POSITION
( ) 2.04 DRAPE SLING ABOUT ARM
( ) 2.05 ADJUST SLING
( ) 2.06 TIE ENDS
( ) 2.07 FIX SLING AT ELBOW
( ) 2.08 LEAVE PATIENT COMFORTABLE; CHECK SIGNAL CORD
( ) 2.09 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 CLEAN SLING CONSTRUCTED TO SUPPORT ARM TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PROPER EQUIPMENT SELECTED; CLEAN SLING CHOSEN
( ) 3.03 EXPLANATION SIMPLE, CORRECT AND AUDIBLE; PATIENT POSITIONED IN VIEW OF CONDITION
( ) 3.04 WITH ONE END HELD OVER SHOULDER ON UNINJURED SIDE, THE OTHER END IS BROUGHT UNDER ARM TO BE SUPPORTED AND BROUGHT UP TO JOIN IT AT THE BACK OF THE NECK
( ) 3.05 TO GIVE DESIRED SUPPORT, HAND OF SUPPORTED PART SHOULD BE HIGHER THAN ELBOW
( ) 3.06 ENDS TIED AT SIDE OF NECK
( ) 3.07 CORNER FOLDED AND PINNED, EDGE OF SLING SHOULD EXTEND BELOW WRIST
( ) 3.08 CORD SHOULD BE ACCESSIBLE
( ) 3.09 CORRECT INFORMATION CHARTED INCLUDING TIME, PROCEDURE AND PART SUPPORTED

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ______________

DIVISION 11 WOUND CARE

UNIT 01 BANDAGES

TERMOB NO. 02-063

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 11 WOUND CARE

UNIT 01 BANDAGES

TERMOB NO. 02-064

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 STRAIGHT BINDER AND SAFETY PINS

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 APPLY STRAIGHT BINDER EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 DRAW CURTAINS AND EXPLAIN USE OF BINDER TO PATIENT
( ) 2.03 POSITION PATIENT AND RAISE BED
( ) 2.04 FOLD HALF OF BINDER AND PLACE CLOSE TO PATIENT; HAVE PATIENT RAISE HIPS AND PULL BINDER THROUGH; BRING BOTH ENDS OF BINDER TO MIDLINE IN FRONT
( ) 2.05 PIN BINDER
( ) 2.06 MAKE DARTS AT SIDES OF BINDER

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 STRAIGHT BINDER APPLIED SNUGLY TO PATIENT TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT PROPERLY SCREENED; EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.03 PATIENT FLAT, BED RAISED TO HIGHEST LEVEL
( ) 3.04 CENTER OF BINDER AT MIDLINE OF BACK AND WELL DOWN UNDER HIPS
( ) 3.05 BINDER TIGHTLY PINNED BEGINNING AT LOWER EDGE; PINS PLACED HORIZONTALLY ABOUT 3 INCHES APART
( ) 3.06 TO ELIMINATE FULLNESS WHICH MAY EXIST

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ______________

DIVISION 11 WOUND CARE

UNIT 01 BANDAGES

TERMOB NO. 02-064

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 11 WOUND CARE

UNIT 01 BANDAGES

TERMOB NO. 02-065

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 SCULTETUS BINDER AND SAFETY PINS

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 APPLY SCULTETUS BINDER EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 DRAW CURTAINS AND EXPLAIN USE OF BINDER TO PATIENT
( ) 2.03 POSITION PATIENT AND RAISE BED
( ) 2.04 PLACE BINDER UNDER PATIENT
( ) 2.05 ARRANGE STRIPS OF TAILS
( ) 2.06 APPLY TAILS
( ) 2.07 PIN LAST TWO STRIPS

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 SCULTETUS BINDER APPLIED TO PATIENT SNUGLY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT PROPERLY SCREENED; EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.03 PATIENT LYING FLAT, BED RAISED TO HIGHEST LEVEL
( ) 3.04 CENTER OF BINDER AT MIDLINE OF BACK AND WELL DOWN UNDER HIPS
( ) 3.05 TAILS FLAT ON BED
( ) 3.06 TAILS APPLIED FROM EACH SIDE AT A TIME SNUGLY, EACH OVERLAPPING PRECEDING ONE ON POST PARTEM PATIENTS-WITH TAILS APPLIED FROM TOP
( ) 3.07 ENDS PINNED

MISOE NO. ____________

PROGRAM	PRACTICAL NURSING	DIVISION	11	WOUND CARE
USOE CODE NO(S)		UNIT	01	BANDAGES
		TERMOB NO.		02-065

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 11 WOUND CARE

UNIT 01 BANDAGES

TERMOB NO. 02-066

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 T-BINDER AND SAFETY PINS

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 APPLY T-BINDER EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PLACE BELT AROUND PATIENT
( ) 2.03 ARRANGE STRAPS
( ) 2.04 PIN

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 T-BINDER APPLIED AND DRESSING HELD IN PLACE TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 BELT SHOULD BE AT WAIST
( ) 3.03 DRESSING SECURE; VERTICAL STRAPS BETWEEN PATIENT'S THIGHS AND OVER PERINEUM TO HOLD DRESSING IN PLACE
( ) 3.04 PINNED SECURELY TO BELT

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 11 WOUND CARE

UNIT 01 BANDAGES

TERMOB NO. 02-066

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING
DIVISION 11 WOUND CARE
UNIT 01 BANDAGES
TERMOB NO. 02-067

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 BREAST BINDER AND SAFETY PINS

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 APPLY BREAST BINDER EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 DRAW CURTAINS AND EXPLAIN USE OF BINDER TO PATIENT; RAISE BED TO HIGHEST LEVEL
( ) 2.03 POSITION PATIENT
( ) 2.04 TURN BACK BEDDING, UNFASTEN GOWN, AND REMOVE SLEEVE
( ) 2.05 FOLD HALF OF BINDER AND PLACE CLOSE TO PATIENT
( ) 2.06 ASSIST PATIENT TO RAISE UP AND PULL BINDER THROUGH WITH CENTER OF BINDER AT MIDLINE OF BACK; LOWER PATIENT TO BED
( ) 2.07 FOLD GOWN BACK; BRING SIDE OF BINDER OVER BREAST
( ) 2.08 INSTRUCT PATIENT TO SUPPORT BREAST
( ) 2.09 REPEAT SAME PROCEDURE FOR OTHER SIDE
( ) 2.10 FOLD ENDS OF BINDER
( ) 2.11 PIN
( ) 2.12 PIN DARTS
( ) 2.13 PIN SHOULDER STRAPS
( ) 2.14 REPLACE NIGHTGOWN
( ) 2.15 ASCERTAIN COMFORT OF PATIENT

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 BREAST BINDER APPLIED TO PATIENT COMFORTABLY AND CORRECTLY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT PROPERLY SCREENED; EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.03 PATIENT LYING FLAT IN BED
( ) 3.04 WITHOUT DISCOMFORT TO PATIENT
( ) 3.05 TOP EDGE SHOULD BE UP TO AXILLA
( ) 3.06 PATIENT RAISED UP PROPERLY, MINIMUM STRAIN TO PATIENT AND TO NURSE
( ) 3.07 PATIENT'S BREAST SUPPORTED WITH HAND

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 BREAST BINDER AND SAFETY PINS

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 APPLY BREAST BINDER EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 DRAW CURTAINS AND EXPLAIN USE OF BINDER TO PATIENT; RAISE BED TO HIGHEST LEVEL
( ) 2.03 POSITION PATIENT
( ) 2.04 TURN BACK BEDDING, UNFASTEN GOWN, AND REMOVE SLEEVE
( ) 2.05 FOLD HALF OF BINDER AND PLACE CLOSE TO PATIENT
( ) 2.06 ASSIST PATIENT TO RAISE UP AND PULL BINDER THROUGH WITH CENTER OF BINDER AT MIDLINE OF BACK; LOWER PATIENT TO BED
( ) 2.07 FOLD GOWN BACK; BRING SIDE OF BINDER OVER BREAST
( ) 2.08 INSTRUCT PATIENT TO SUPPORT BREAST
( ) 2.09 REPEAT SAME PROCEDURE FOR OTHER SIDE
( ) 2.10 FOLD ENDS OF BINDER
( ) 2.11 PIN
( ) 2.12 PIN DARTS
( ) 2.13 PIN SHOULDER STRAPS
( ) 2.14 REPLACE NIGHTGOWN
( ) 2.15 ASCERTAIN COMFORT OF PATIENT

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 BREAST BINDER APPLIED TO PATIENT COMFORTABLY AND CORRECTLY TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PATIENT PROPERLY SCREENED; EXPLANATION SIMPLE, CORRECT AND AUDIBLE
( ) 3.03 PATIENT LYING FLAT IN BED
( ) 3.04 WITHOUT DISCOMFORT TO PATIENT
( ) 3.05 TOP EDGE SHOULD BE UP TO AXILLA
( ) 3.06 PATIENT RAISED UP PROPERLY, MINIMUM STRAIN TO PATIENT AND TO NURSE
( ) 3.07 PATIENT'S BREAST SUPPORTED WITH HAND
( ) 3.08 STUDENT SHOULD NOT BE IMPOLITE
( ) 3.09 CORRECTLY
( ) 3.10 ONE END SHOULD OVERLAP THE OTHER IN THE MIDDLE
( ) 3.11 PIN SNUGLY BEGINNING AT LOWER EDGE OF BINDER AND PLACING PINS APPROXIMATELY 3 INCHES APART
( ) 3.12 BOTTOM SHOULD FIT COMFORTABLY WITH EXTRA FULLNESS ELIMINATED
( ) 3.13 BREASTS LIFTED UPWARDS AS PINS ARE PLACED IN CENTER OF EACH STRAP
( ) 3.14 WITHOUT DISCOMFORT TO PATIENT
( ) 3.15 NECESSARY ADJUSTMENTS MADE IF PATIENT UNCOMFORTABLE

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ______________

DIVISION 11 WOUND CARE

UNIT 01 BANDAGES

TERMOB NO. 02-067

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 11 WOUND CARE

UNIT 02 DRESSINGS

TERMOB NO. 02-068

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 TRAY WITH ANTISEPTIC SOLUTIONS
( ) 1.05 STERILE GAUZE SPONGES AND DRESSINGS AS NEEDED
( ) 1.06 STERILE GLOVES
( ) 1.07 NEWSPAPER
( ) 1.08 ADHESIVE TAPE OR MONTGOMERY STRAPS
( ) 1.09 INSTRUMENT KIT
( ) 1.10 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CHANGE SURGICAL DRESSING EMPLOYING FOLLOWING PROCEDURES:

( ) 2.02 WASH HANDS
( ) 2.03 ASSEMBLE EQUIPMENT AND CARRY TO BEDSIDE
( ) 2.04 SCREEN AND DRAPE PATIENT
( ) 2.05 SPREAD NEWSPAPER
( ) 2.06 OPEN DRESSING SET AND PACKAGES OF SPONGES; REMOVE CAP FROM BOTTLE OF ANTISEPTIC
( ) 2.07 REMOVE OUTER SOILED DRESSING AND DISCARD
( ) 2.08 PUT ON STERILE GLOVES
( ) 2.09 POUR SOLUTION
( ) 2.10 CLEANSE AREA; DISCARD SPONGES
( ) 2.11 COVER WOUND
( ) 2.12 REMOVE GLOVES; FASTEN DRESSING
( ) 2.13 SOILED DRESSING DISCARDED
( ) 2.14 REPLACE EQUIPMENT AND RETURN DRESSING TRAY
( ) 2.15 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 SURGICAL DRESSING CHANGED AND REPLACED WITH STERILE MATERIALS TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 THOROUGHLY
( ) 3.03 ALL NECESSARY EQUIPMENT ASSEMBLED
( ) 3.04 PATIENT NOT UNDULY EXPOSED AND DRAPED ACCORDING TO AREAS UNDER TREATMENT
( ) 3.05 ADEQUATE AMOUNT OF PAPER USED, SPREAD ON FOOT OF BED TO RECEIVE SOILED DRESSING
( ) 3.06 SPONGES NOT CONTAMINATED
( ) 3.07 WITH HAND GRASPING THE CENTER AND USING AN UPWARD MOTION, DISCARD ON NEWSPAPER

( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 TRAY WITH ANTISEPTIC SOLUTIONS
( ) 1.05 STERILE GAUZE SPONGES AND DRESSINGS AS NEEDED
( ) 1.06 STERILE GLOVES
( ) 1.07 NEWSPAPER
( ) 1.08 ADHESIVE TAPE OR MONTGOMERY STRAPS
( ) 1.09 INSTRUMENT KIT
( ) 1.10 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CHANGE SURGICAL DRESSING EMPLOYING FOLLOWING PROCEDURES:

( ) 2.02 WASH HANDS
( ) 2.03 ASSEMBLE EQUIPMENT AND CARRY TO BEDSIDE
( ) 2.04 SCREEN AND DRAPE PATIENT
( ) 2.05 SPREAD NEWSPAPER
( ) 2.06 OPEN DRESSING SET AND PACKAGES OF SPONGES; REMOVE CAP FROM BOTTLE OF ANTISEPTIC
( ) 2.07 REMOVE OUTER SOILED DRESSING AND DISCARD
( ) 2.08 PUT ON STERILE GLOVES
( ) 2.09 POUR SOLUTION
( ) 2.10 CLEANSE AREA; DISCARD SPONGES
( ) 2.11 COVER WOUND
( ) 2.12 REMOVE GLOVES; FASTEN DRESSING
( ) 2.13 SOILED DRESSING DISCARDED
( ) 2.14 REPLACE EQUIPMENT AND RETURN DRESSING TRAY
( ) 2.15 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 SURGICAL DRESSING CHANGED AND REPLACED WITH STERILE MATERIALS TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 THOROUGHLY
( ) 3.03 ALL NECESSARY EQUIPMENT ASSEMBLED
( ) 3.04 PATIENT NOT UNDULY EXPOSED AND DRAPED ACCORDING TO AREAS UNDER TREATMENT
( ) 3.05 ADEQUATE AMOUNT OF PAPER USED, SPREAD ON FOOT OF BED TO RECEIVE SOILED DRESSING
( ) 3.06 SPONGES NOT CONTAMINATED
( ) 3.07 WITH HAND GRASPING THE CENTER AND USING AN UPWARD MOTION, DISCARD ON NEWSPAPER
( ) 3.08 GLOVES NOT CONTAMINATED
( ) 3.09 KEEPING ONE HAND STERILE
( ) 3.10 STARTING AT INCISION AND WORKING OUTWARD; DISCARD ON PAPER
( ) 3.11 SPONGES NOT MOVED AFTER BEING PLACED ON WOUND; WITH FRESH SPONGES AND DRESSINGS USING GLOVE WHICH WAS KEPT STERILE
( ) 3.12 SECURELY, WITH ADHESIVE OR MONTGOMERY STRAPS
( ) 3.13 WRAPPED IN NEWSPAPER AND DEPOSITED IN WASTE CONTAINER IN UTILITY ROOM
( ) 3.14 TO PROPER PLACE
( ) 3.15 CORRECT INFORMATION CHARTED INCLUDING TIME, CONDITION OF WOUND, AMOUNT AND TYPE OF DRAINAGE, AND SUCH TREATMENTS AS REMOVAL OF DRAIN OR SUTURES BY DOCTOR

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MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 11 WOUND CARE

UNIT 02 DRESSINGS

TERMOB NO. 02-068

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 11 WOUND CARE

UNIT 02 DRESSINGS

TERMOB NO. 02-069

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT WITH NEED FOR PERINEAL CARE
( ) 1.04 SQUEEZE BOTTLE
( ) 1.05 STERILIZING SOAP
( ) 1.06 DISPOSABLE WIPERS
( ) 1.07 STERILE PERINEAL PADS
( ) 1.08 NEWSPAPER SQUARE

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 CLEANSE THE PERINEUM EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 REMOVE PERINEAL PAD
( ) 2.03 CLEANSE THE VULVA AND PERINEUM
( ) 2.04 RINSE AND DRY AREA
( ) 2.05 POSITION PATIENT; CLEANSE BUTTOCKS AND ANAL REGION, RINSE AND DRY
( ) 2.06 APPLY STERILE PERINEAL PAD IF NECESSARY AND LEAVE PATIENT COMFORTABLE

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 PERINEUM PROPERLY CLEANSED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PAD REMOVED FROM FRONT TO BACK AND PLACED ON NEWSPAPER; DRAINAGE NOTED
( ) 3.03 DISPOSABLE WIPERS, STERILIZING SOAP AND WARM WATER USED
( ) 3.04 RINSE THOROUGHLY WITH WATER FROM A SQUEEZE BOTTLE USING DISPOSABLE WIPERS
( ) 3.05 PATIENT ON SIDE; CLEANSE WITH STERILIZING SOAP AND WATER, THEN RINSE AND DRY THOROUGHLY
( ) 3.06 UNCONTAMINATED STERILE PAD APPLIED IF NECESSARY, PATIENT COMFORTABLE

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 11 WOUND CARE

UNIT 02 DRESSINGS

TERMOB NO. 02-069

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 11 WOUND CARE

UNIT 02 DRESSINGS

TERMOB NO. 02-070

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT WITH INFECTED WOUND IN ISOLATION
( ) 1.04 BED
( ) 1.05 EXTRA SHEET
( ) 1.06 NEWSPAPER
( ) 1.07 DRESSING SET
( ) 1.08 STERILIZING SOAP AND WATER
( ) 1.09 STERILE GLOVES
( ) 1.10 TAPE
( ) 1.11 ISOLATION LINEN BAG
( ) 1.12 INSTRUMENTS
( ) 1.13 CONTAINER OF 1 OZ. STAPHENE TO 1 GAL. WATER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 DRESS INFECTED WOUND EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 WASH HANDS
( ) 2.03 DRAPE SHEET
( ) 2.04 SPREAD NEWSPAPER
( ) 2.05 PLACE OPEN SET AND PACKAGES OF SPONGES ON SHEET
( ) 2.06 GRASP CENTER OF OUTER SOILED DRESSING AND DISCARD
( ) 2.07 WASH HANDS
( ) 2.08 PUT ON STERILE GLOVES
( ) 2.09 POUR SOLUTION
( ) 2.10 CLEANSE AREA
( ) 2.11 COVER WOUND WITH STERILE DRESSING
( ) 2.12 REMOVE GLOVES AND DISCARD
( ) 2.13 DISCARD SHEET
( ) 2.14 WASH HANDS
( ) 2.15 SOAK ANY INSTRUMENTS USED

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 INFECTED WOUND DRESSED IN ACCORDANCE WITH ASEPTIC TECHNIQUE TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 THOROUGHLY
( ) 3.03 OVER BEDSIDE; MEDICAL PERSONNEL'S CLOTHING PROTECTED FROM CONTAMINATED BED LINEN
( ) 3.04 NEWSPAPER ON SHEET AT FOOT OF BED
( ) 3.05 MATERIALS NOT CONTAMINATED
( ) 3.06 DRESSING REMOVED USING UPWARD MOTION, DISCARDED IN NEWSPAPER

( ) 1.02 STUDENT
( ) 1.03 PATIENT WITH INFECTED WOUND IN ISOLATION
( ) 1.04 BED
( ) 1.05 EXTRA SHEET
( ) 1.06 NEWSPAPER
( ) 1.07 DRESSING SET
( ) 1.08 STERILIZING SOAP AND WATER
( ) 1.09 STERILE GLOVES
( ) 1.10 TAPE
( ) 1.11 ISOLATION LINEN BAG
( ) 1.12 INSTRUMENTS
( ) 1.13 CONTAINER OF 1 OZ. STAPHENE TO 1 GAL. WATER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 DRESS INFECTED WOUND EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 WASH HANDS
( ) 2.03 DRAPE SHEET
( ) 2.04 SPREAD NEWSPAPER
( ) 2.05 PLACE OPEN SET AND PACKAGES OF SPONGES ON SHEET
( ) 2.06 GRASP CENTER OF OUTER SOILED DRESSING AND DISCARD
( ) 2.07 WASH HANDS
( ) 2.08 PUT ON STERILE GLOVES
( ) 2.09 POUR SOLUTION
( ) 2.10 CLEANSE AREA
( ) 2.11 COVER WOUND WITH STERILE DRESSING
( ) 2.12 REMOVE GLOVES AND DISCARD
( ) 2.13 DISCARD SHEET
( ) 2.14 WASH HANDS
( ) 2.15 SOAK ANY INSTRUMENTS USED

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 INFECTED WOUND DRESSED IN ACCORDANCE WITH ASEPTIC TECHNIQUE TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 THOROUGHLY
( ) 3.03 OVER BEDSIDE; MEDICAL PERSONNEL'S CLOTHING PROTECTED FROM CONTAMINATED BED LINEN
( ) 3.04 NEWSPAPER ON SHEET AT FOOT OF BED
( ) 3.05 MATERIALS NOT CONTAMINATED
( ) 3.06 DRESSING REMOVED USING UPWARD MOTION, DISCARDED IN NEWSPAPER
( ) 3.07 THOROUGHLY
( ) 3.08 GLOVES NOT CONTAMINATED
( ) 3.09 ONE HAND USED TO POUR, THE OTHER KEPT STERILE
( ) 3.10 AREA CLEANSED STARTING AT INCISION AND WORKING OUTWARD
( ) 3.11 USING STERILE GLOVED HAND
( ) 3.12 NEWSPAPER TAPED SECURELY AND DISCARDED IN WASTE CONTAINER IN UTILITY ROOM
( ) 3.13 SHEET DISCARDED IN ISOLATION LINEN BAG AT BEDSIDE
( ) 3.14 THOROUGHLY 7/74
( ) 3.15 INSTRUMENTS SOAKED 15 MINUTES IN SOLUTION OF 1 OZ. STAPHENE TO 1 GAL. OF WATER

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 11 WOUND CARE

UNIT 02 DRESSINGS

TERMOB NO. 02-070

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 11 WOUND CARE

UNIT 02 DRESSINGS

TERMOB NO. 02-071

1.00 CONDITION

( ) 1.01 PATIENT WITH COLOSTOMY
( ) 1.02 DRESSING
( ) 1.03 NEWSPAPER
( ) 1.04 VASELINE GAUZE
( ) 1.05 TISSUES
( ) 1.06 PATIENT'S SOAP
( ) 1.07 MONTGOMERY STRAPS

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 CHANGE A COLOSTOMY DRESSING EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 REMOVE SOILED DRESSING AND DISCARD
( ) 2.03 CLEAN DISCHARGE
( ) 2.04 WASH AREA
( ) 2.05 PROTECT IRRITATED SKIN
( ) 2.06 APPLY DRESSING
( ) 2.07 REPLACE MONTGOMERY STRAPS
( ) 2.08 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 COLOSTOMY DRESSING PROPERLY CHANGED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 15 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 SOILED DRESSINGS PLACED ON NEWSPAPER
( ) 3.03 DISCHARGE CLEANSED WITH TISSUES
( ) 3.04 AREA WASHED THOROUGHLY WITH PATIENT'S SOAP AND WASH CLOTH
( ) 3.05 IRRITATED SKIN PROTECTED WITH OINTMENT ORDERED BY DOCTOR
( ) 3.06 NEATLY
( ) 3.07 MONTGOMERY STRAPS REPLACED P.R.N.
( ) 3.08 CORRECT INFORMATION CHARTED INCLUDING AMOUNT AND NATURE OF DISCHARGE

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 11 WOUND CARE

UNIT 02 DRESSINGS

TERMOB NO. 02-071

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 01 HOT

TERMOB NO. 02-072

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 HOT WATER BOTTLE AND COVER
( ) 1.05 BATH THERMOMETER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 APPLY HOT WATER BOTTLE TO PATIENT EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 ASSEMBLE EQUIPMENT
( ) 2.03 TEST HOT WATER BOTTLE FOR DEFECTS
( ) 2.04 TEST TEMPERATURE OF WATER; WATER SHOULD NEVER BE WARMER THAN 125° F.; FILL HOT WATER BOTTLE
( ) 2.05 LAY BOTTLE FLAT UNTIL WATER REACHES THE MOUTH AND FASTEN FLAPS
( ) 2.06 DRY OUTSIDE OF BOTTLE
( ) 2.07 COVER BOTTLE AND CARRY TO BEDSIDE
( ) 2.08 SCREEN PATIENT; EXAMINE AREA WHERE BOTTLE IS TO BE APPLIED; REPORT ANY SIGNS OF INTENSE OR PROLONGED HEAT; IF AREA APPEARS NORMAL, APPLY AS ORDERED
( ) 2.09 REFILL BOTTLE AS ORDERED
( ) 2.10 STORE IN PROPER PLACE AFTER USE
( ) 2.11 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 HOT WATER PREPARED, APPLIED, AND RETURNED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 CORRECT EQUIPMENT ASSEMBLED
( ) 3.03 BOTTLE FILLED WITH WATER, FLAPS FASTENED AND INVERTED TO TEST FOR LEAKS
( ) 3.04 TEMPERATURE NOT HIGHER THAN 125° F.; BAG 1/2 TO 3/4 FULL
( ) 3.05 NO VISIBLE AIR POCKETS
( ) 3.06 THOROUGHLY
( ) 3.07 BOTTLE WELL COVERED
( ) 3.08 ANY ABNORMAL SIGNS REPORTED
( ) 3.09 ORDERS FOLLOWED

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 HOT WATER BOTTLE AND COVER
( ) 1.05 BATH THERMOMETER

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 APPLY HOT WATER BOTTLE TO PATIENT EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 ASSEMBLE EQUIPMENT
( ) 2.03 TEST HOT WATER BOTTLE FOR DEFECTS
( ) 2.04 TEST TEMPERATURE OF WATER; WATER SHOULD NEVER BE WARMER THAN 125° F.; FILL HOT WATER BOTTLE
( ) 2.05 LAY BOTTLE FLAT UNTIL WATER REACHES THE MOUTH AND FASTEN FLAPS
( ) 2.06 DRY OUTSIDE OF BOTTLE
( ) 2.07 COVER BOTTLE AND CARRY TO BEDSIDE
( ) 2.08 SCREEN PATIENT; EXAMINE AREA WHERE BOTTLE IS TO BE APPLIED; REPORT ANY SIGNS OF INTENSE OR PROLONGED HEAT; IF AREA APPEARS NORMAL, APPLY AS ORDERED
( ) 2.09 REFILL BOTTLE AS ORDERED
( ) 2.10 STORE IN PROPER PLACE AFTER USE
( ) 2.11 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 HOT WATER PREPARED, APPLIED, AND RETURNED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 CORRECT EQUIPMENT ASSEMBLED
( ) 3.03 BOTTLE FILLED WITH WATER, FLAPS FASTENED AND INVERTED TO TEST FOR LEAKS
( ) 3.04 TEMPERATURE NOT HIGHER THAN 125° F.; BAG 1/2 TO 3/4 FULL
( ) 3.05 NO VISIBLE AIR POCKETS
( ) 3.06 THOROUGHLY
( ) 3.07 BOTTLE WELL COVERED
( ) 3.08 ANY ABNORMAL SIGNS REPORTED
( ) 3.09 ORDERS FOLLOWED
( ) 3.10 BOTTLE RINSED, INFLATED, AND SEALED BEFORE STORAGE
( ) 3.11 CORRECT INFORMATION CHARTED INCLUDING TIME APPLIED OR RENEWED, AREA TO WHICH APPLIED, PATIENT'S REACTION AND SIGNATURE

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ______________

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT HOT

TERMOB NO. 02-072

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 01 HOT

TERMOB NO. 02-073

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 SOLUTION BASIN
( ) 1.05 GAUZE (4 X 4)
( ) 1.06 SARAN WRAP
( ) 1.07 GLOVES
( ) 1.08 TOWELS
( ) 1.09 BINDERS
( ) 1.10 SOLUTION AS ORDERED

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 APPLY HOT WET COMPRESS EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 WRING OUT GAUZE
( ) 2.03 APPLY HEATED, WET GAUZE TO AFFECTED AREA
( ) 2.04 COVER WITH SARAN WRAP
( ) 2.05 COVER WITH TOWEL OR BINDER

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 HOT WET COMPRESS OF CORRECT SOLUTION SAFELY APPLIED TO PATIENT TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 GAUZE WRUNG THOROUGHLY USING GLOVES
( ) 3.03 CAREFULLY
( ) 3.04 COMPLETELY
( ) 3.05 THOROUGHLY

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

SOE CODE NO(S) ____________

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 01 HOT

TERMOB NO. 02-073

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 01 HOT

TERMOB NO. 02-074

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 CHART
( ) 1.05 TUB OF WATER
( ) 1.06 BATH BLANKET
( ) 1.07 RUBBER RING
( ) 1.08 BED PAD
( ) 1.09 TWO BATH TOWELS
( ) 1.10 SAFETY PINS
( ) 1.11 STOOL OR CHAIR
( ) 1.12 WHEELCHAIR IF NECESSARY

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 ADMINISTER SITZ BATH EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 FILL THE TUB
( ) 2.03 PUT RUBBER RING IN THE TUB
( ) 2.04 REMOVE PATIENT'S ROBE, SLIPPERS AND GOWN
( ) 2.05 PIN BATH BLANKET AROUND SHOULDERS AND ASSIST PATIENT INTO TUB
( ) 2.06 LET PATIENT REMAIN IN TUB FOR TWENTY MINUTES OR AS ORDERED; LEAVE HAND BELL WITH PATIENT
( ) 2.07 ASSIST PATIENT OUT OF TUB TO CHAIR OR STOOL COVERED WITH BATH TOWEL
( ) 2.08 DRY PATIENT
( ) 2.09 REPLACE DRESSING IF NECESSARY
( ) 2.10 HELP PATIENT TO WHEELCHAIR IF USED AND BACK TO BED
( ) 2.11 EMPTY TUB, CLEAN IT AND LEAVE ROOM IN ORDER
( ) 2.12 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 SITZ BATH ADMINISTERED SAFELY FOR TIME PERIOD ORDERED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 20 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 TUB 1/3 TO 1/2 FULL OF WATER AT 100° TO 110° F.
( ) 3.03 IN COMFORTABLE POSITION FOR PATIENT; COVERED WITH BED PAD

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 CHART
( ) 1.05 TUB OF WATER
( ) 1.06 BATH BLANKET
( ) 1.07 RUBBER RING
( ) 1.08 BED PAD
( ) 1.09 TWO BATH TOWELS
( ) 1.10 SAFETY PINS
( ) 1.11 STOOL OR CHAIR
( ) 1.12 WHEELCHAIR IF NECESSARY

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 ADMINISTER SITZ BATH EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 FILL THE TUB
( ) 2.03 PUT RUBBER RING IN THE TUB
( ) 2.04 REMOVE PATIENT'S ROBE, SLIPPERS AND GOWN
( ) 2.05 PIN BATH BLANKET AROUND SHOULDERS AND ASSIST PATIENT INTO TUB
( ) 2.06 LET PATIENT REMAIN IN TUB FOR TWENTY MINUTES OR AS ORDERED; LEAVE HAND BELL WITH PATIENT
( ) 2.07 ASSIST PATIENT OUT OF TUB TO CHAIR OR STOOL COVERED WITH BATH TOWEL
( ) 2.08 DRY PATIENT
( ) 2.09 REPLACE DRESSING IF NECESSARY
( ) 2.10 HELP PATIENT TO WHEELCHAIR IF USED AND BACK TO BED
( ) 2.11 EMPTY TUB, CLEAN IT AND LEAVE ROOM IN ORDER
( ) 2.12 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 SITZ BATH ADMINISTERED SAFELY FOR TIME PERIOD ORDERED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 20 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 TUB 1/3 TO 1/2 FULL OF WATER AT 100° TO 110° F.
( ) 3.03 IN COMFORTABLE POSITION FOR PATIENT; COVERED WITH BED PAD
( ) 3.04 PATIENT COMPLETELY DISROBED
( ) 3.05 CAREFULLY
( ) 3.06 HAND BELL WITHIN EASY REACH OF PATIENT
( ) 3.07 CAREFULLY
( ) 3.08 THOROUGHLY
( ) 3.09 NEATLY
( ) 3.10 BEING CAREFUL NOT TO PUT STRAIN ON BACK
( ) 3.11 CLEAN TUB THOROUGHLY
( ) 3.12 CORRECT INFORMATION CHARTED INCLUDING TREATMENT AND TIME, AND ANY UNTOWARD EFFECTS ON PATIENT 7/74

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

USOE CODE NO(S) ______________

UNIT 01 HOT

TERMOB NO. 02-074

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 01 HOT

TERMOB NO. 02-075

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 HYDROCOLLATOR PACK
( ) 1.05 PACK COVER OR
( ) 1.06 TOWELS
( ) 1.07 BED PROTECTOR AS NEEDED
( ) 1.08 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 APPLY HYDROCOLLATOR PACK USING COVER EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 EXPLAIN PROCEDURE TO PATIENT
( ) 2.03 OBTAIN PATIENT'S PERSONAL PACK COVER
( ) 2.04 REMOVE PACK FROM HYDROCOLLATOR MACHINE
( ) 2.05 PLACE PACK ON PATIENT
( ) 2.06 INSTRUCT PATIENT THAT HE SHOULD FEEL QUITE WARM, BUT SHOULD NOT HAVE BURNING SENSATION
( ) 2.07 IF SKIN BECOMES UNDULY RED, REMOVE PACK AND REPORT THIS TO CHARGE NURSE
( ) 2.08 REMOVE PACK IN 20 MINUTES, UNLESS OTHERWISE ORDERED
( ) 2.09 DRY AREA AND ASCERTAIN COMFORT OF PATIENT
( ) 2.10 REPLACE PACK TO MACHINE AFTER USE AND FOLLOW INSTRUCTIONS TAPED ON MACHINE
( ) 2.11 KEEP PACKS COVERED WITH WATER AT ALL TIMES
( ) 2.12 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 HYDROCOLLATOR PACK SAFELY APPLIED FOR CORRECT TIME PERIOD TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 EXPLANATION SIMPLE, CORRECT AND CLEAR
( ) 3.03 PROPER COVER OBTAINED
( ) 3.04 PROPER PACK CHOSEN
( ) 3.05 DOUBLE THICKNESS SIDE ON PATIENT, DIRECTLY ON AREA TO BE TREATED - DO NOT PLACE OVER GOWN OR PAJAMAS; AVOID WETTING CLOTHING OR BED LINEN; PLACE PACK ON PATIENT, NOT PATIENT ON PACK; DO NOT PUT RUBBER SHEET BETWEEN PATIENT AND PACK; DO NOT USE LUBRICANT
( ) 3.06 INSTRUCTION SIMPLY STATED AND SPOKEN CLEARLY

( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 HYDROCOLLATOR PACK
( ) 1.05 PACK COVER OR
( ) 1.06 TOWELS
( ) 1.07 BED PROTECTOR AS NEEDED
( ) 1.08 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 APPLY HYDROCOLLATOR PACK USING COVER EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 EXPLAIN PROCEDURE TO PATIENT
( ) 2.03 OBTAIN PATIENT'S PERSONAL PACK COVER
( ) 2.04 REMOVE PACK FROM HYDROCOLLATOR MACHINE
( ) 2.05 PLACE PACK ON PATIENT
( ) 2.06 INSTRUCT PATIENT THAT HE SHOULD FEEL QUITE WARM, BUT SHOULD NOT HAVE BURNING SENSATION
( ) 2.07 IF SKIN BECOMES UNDULY RED, REMOVE PACK AND REPORT THIS TO CHARGE NURSE
( ) 2.08 REMOVE PACK IN 20 MINUTES, UNLESS OTHERWISE ORDERED
( ) 2.09 DRY AREA AND ASCERTAIN COMFORT OF PATIENT
( ) 2.10 REPLACE PACK TO MACHINE AFTER USE AND FOLLOW INSTRUCTIONS TAPED ON MACHINE
( ) 2.11 KEEP PACKS COVERED WITH WATER AT ALL TIMES
( ) 2.12 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 HYDROCOLLATOR PACK SAFELY APPLIED FOR CORRECT TIME PERIOD TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 EXPLANATION SIMPLE, CORRECT AND CLEAR
( ) 3.03 PROPER COVER OBTAINED
( ) 3.04 PROPER PACK CHOSEN
( ) 3.05 DOUBLE THICKNESS SIDE ON PATIENT, DIRECTLY ON AREA TO BE TREATED - DO NOT PLACE OVER GOWN OR PAJAMAS; AVOID WETTING CLOTHING OR BED LINEN; PLACE PACK ON PATIENT, NOT PATIENT ON PACK; DO NOT PUT RUBBER SHEET BETWEEN PATIENT AND PACK; DO NOT USE LUBRICANT
( ) 3.06 INSTRUCTION SIMPLY STATED AND SPOKEN CLEARLY
( ) 3.07 STUDENT WILL NOTICE SKIN IF IT IS REDDENED
( ) 3.08 PACK REMOVED AT CORRECT TIME
( ) 3.09 AREA DRIED THOROUGHLY
( ) 3.10 PACK REPLACED IMMEDIATELY; INSTRUCTIONS FOLLOWED CAREFULLY
( ) 3.11 COMPLETELY COVER PACKS
( ) 3.12 CORRECT INFORMATION CHARTED INCLUDING TIME AND DURATION, REGION TO WHICH APPLIED, CONDITION OF SKIN AND EFFECT ON PATIENT

MISOE NO. ______

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ______

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 01 HOT

TERMOB NO. 02-075

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 02 COLD

TERMOB NO. 02-076

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 BASIN CONTAINING 70% ALCOHOL AND WATER MIX
( ) 1.05 WASH CLOTHS
( ) 1.06 BATH TOWEL
( ) 1.07 ICE CAP AND COVER
( ) 1.08 HOT WATER BOTTLE AT 110° WITH COVER
( ) 1.09 THERMOMETER
( ) 1.10 LARGE BASIN OF ICE
( ) 1.11 BEDSIDE NOTES

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 GIVE AN ALCOHOL SPONGE BATH EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 TAKE TEMPERATURE, PULSE, RESPIRATIONS
( ) 2.03 CLEAR BEDSIDE TABLE, CLOSE WINDOW
( ) 2.04 REMOVE PATIENT'S GOWN
( ) 2.05 BRING TRAY TO BEDSIDE; PLACE BASIN WITH ALCOHOL AND WATER INSIDE BASIN OF ICE
( ) 2.06 POSITION ICE CAP AND HOT WATER BOTTLE
( ) 2.07 WRING OUT ONE FACE CLOTH IN SOLUTION AND PLACE ON ABDOMEN
( ) 2.08 WRING OUT FOUR FACE CLOTHS AND PLACE ONE IN EACH AXILLA AND ONE IN EACH GROIN; CHANGE PADS P.R.N.
( ) 2.09 WRING OUT SIXTH FACE CLOTH AND USE IT FOR SPONGING PATIENT
( ) 2.10 CHANGE CLOTH ON ABDOMEN DURING TREATMENT
( ) 2.11 CONTINUE SPONGE BATH
( ) 2.12 REMOVE BATH BLANKET AND COVER PATIENT WITH TOP BEDDING; REPLACE GOWN
( ) 2.13 TAKE AND RECORD TEMPERATURE, PULSE AND RESPIRATIONS
( ) 2.14 REMOVE ICE BAG; RECORD INFORMATION

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 02 COLD

TERMOB NO. 02-076

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 02 COLD

TERMOB NO. 02-076 (CONT'D)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 ALCOHOL BATH GIVEN PROPERLY AND PERTINENT DATA RECORDED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 ACCURATELY
( ) 3.03 NO DRAFTS, WORKING AREA CLEARED
( ) 3.04 WITHOUT DISCOMFORT TO PATIENT
( ) 3.05 TRAY COMFORTABLE DISTANCE FROM BED
( ) 3.06 HOT WATER BOTTLE COVERED AND PLACED AT FEET; ICE CAP AT HEAD OF PATIENT
( ) 3.07 FACE CLOTH WRUNG OUT AND PLACED ON ABDOMEN
( ) 3.08 CLOTHS CHANGED AS THEY BECOME WARM
( ) 3.09 NECK, ARMS, CHEST, LEGS, BACK RUBBED WITH SOME FRICTION
( ) 3.10 CLOTH CHANGED THREE OR FOUR TIMES
( ) 3.11 FOR 10 MINUTES, ANY MARKED CHANGES IN PATIENT'S CONDITION NOTED
( ) 3.12 PATIENT NOT DRIED EXCEPT BY EVAPORATION
( ) 3.13 1/2 HOUR; ALL INFORMATION CORRECT AND RECORDED ACCORDING TO RULES FOR CHARTING
( ) 3.14 ALL INFORMATION CORRECT AND RECORDED ACCORDING TO RULES FOR CHARTING INCLUDING: TIME AND TREATMENT, TEMPERATURE BEFORE AND AFTER TREATMENT, AND REACTION OF PATIENT

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 02 COLD

TERMOB NO. 02-076 (CONT'D)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 02 COLD

TERMOB NO. 02-077

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 ICE BAG WITH COVER OR TOWEL
( ) 1.05 ICE
( ) 1.06 BASIN FOR ICE
( ) 1.07 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 APPLY ICE BAG EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 TEST ICE BAG FOR DEFECTS; IF NO LEAKS ARE FOUND, EMPTY AND USE
( ) 2.03 FILL ICE BAG
( ) 2.04 EXPEL AIR AND CLOSE THE TOP
( ) 2.05 DRY OUTSIDE OF BAG
( ) 2.06 PLACE FILLED ICE BAG IN COVER OR TOWEL
( ) 2.07 CARRY TO PATIENT AND EXPLAIN PROCEDURE
( ) 2.08 CHECK AREA FOR ADVERSE SIGNS; IF AREA APPEARS NORMAL, APPLY ICE BAG AS ORDERED
( ) 2.09 IF AREA BECOMES PURPLE OR MOTTLED (DENOTING IMPAIRED CIRCULATION), ICE BAG SHOULD BE REMOVED AND HEAD NURSE OR DOCTOR NOTIFIED
( ) 2.10 EMPTY CONTENTS FROM BAG AFTER USE, RINSE, INFLATE, CLOSE TOP AND RETURN
( ) 2.11 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 ICE BAG PROPERLY APPLIED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 ICE BAG TESTED BY FILLING WITH WATER, STOPPERING, AND INVERTING FOR SEVERAL SECONDS
( ) 3.03 ICE BAG 1/2 TO 2/3 FULL
( ) 3.04 ALL AIR BUBBLES EXPELLED
( ) 3.05 THOROUGHLY
( ) 3.06 RUBBER SURFACE NOT EXPOSED
( ) 3.07 EXPLANATION SIMPLE, CORRECT AND CLEAR
( ) 3.08 BAG NOT APPLIED IF ANY ADVERSE SIGNS ARE PRESENT

( ) 1.01 [illegible]
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 ICE BAG WITH COVER OR TOWEL
( ) 1.05 ICE
( ) 1.06 BASIN FOR ICE
( ) 1.07 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 APPLY ICE BAG EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 TEST ICE BAG FOR DEFECTS; IF NO LEAKS ARE FOUND, EMPTY AND USE
( ) 2.03 FILL ICE BAG
( ) 2.04 EXPEL AIR AND CLOSE THE TOP
( ) 2.05 DRY OUTSIDE OF BAG
( ) 2.06 PLACE FILLED ICE BAG IN COVER OR TOWEL
( ) 2.07 CARRY TO PATIENT AND EXPLAIN PROCEDURE
( ) 2.08 CHECK AREA FOR ADVERSE SIGNS; IF AREA APPEARS NORMAL, APPLY ICE BAG AS ORDERED
( ) 2.09 IF AREA BECOMES PURPLE OR MOTTLED (DENOTING IMPAIRED CIRCULATION), ICE BAG SHOULD BE REMOVED AND HEAD NURSE OR DOCTOR NOTIFIED
( ) 2.10 EMPTY CONTENTS FROM BAG AFTER USE, RINSE, INFLATE, CLOSE TOP AND RETURN
( ) 2.11 CHART INFORMATION

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 ICE BAG PROPERLY APPLIED TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 ICE BAG TESTED BY FILLING WITH WATER, STOPPERING, AND INVERTING FOR SEVERAL SECONDS
( ) 3.03 ICE BAG 1/2 TO 2/3 FULL
( ) 3.04 ALL AIR BUBBLES EXPELLED
( ) 3.05 THOROUGHLY
( ) 3.06 RUBBER SURFACE NOT EXPOSED
( ) 3.07 EXPLANATION SIMPLE, CORRECT AND CLEAR
( ) 3.08 BAG NOT APPLIED IF ANY ADVERSE SIGNS ARE PRESENT
( ) 3.09 IF ANY PURPLING OR MOTTLING IS PRESENT, BAG REMOVED AND HEAD NURSE OR DOCTOR NOTIFIED
( ) 3.10 INFLATED BAG RETURNED TO PROPER PLACE AFTER RINSING IN CLEAR WATER
( ) 3.11 CORRECT INFORMATION CHARTED INCLUDING TIME APPLIED OR RENEWED, AREA TO WHICH APPLILD, PATIENT'S REACTION AND SIGNATURE

MISOE NO. ____________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________________

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 02 COLD

TERMOB NO. 02-077

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 02 COLD

TERMOB NO. 02-078

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 STUDENT
( ) 1.03 PATIENT
( ) 1.04 SOLUTION AS ORDERED
( ) 1.05 SOLUTION BASIN WITH ICE
( ) 1.06 GAUZE (4 X 4)
( ) 1.07 ICE BAG OR CAP

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 APPLY COLD WET COMPRESS EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 PLACE GAUZE IN ICED SOLUTION
( ) 2.03 WRING GAUZE
( ) 2.04 PLACE ON AFFECTED AREA
( ) 2.05 APPLY ICE CAP FILLED WITH CRUSHED OR FINELY CHOPPED ICE OVER COMPRESS

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 COLD WET COMPRESS OF ORDERED SOLUTION APPLIED TO AFFECTED AREA OF PATIENT TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 WET GAUZE THOROUGHLY
( ) 3.03 THOROUGHLY
( ) 3.04 CORRECT AREA
( ) 3.05 BAG NOT USED IF CONTRAINDICATIONS EXIST

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 12 TEMPERATURE CONTROLLED APPLICATIONS

UNIT 02 COLD

TERMOB NO. 02-078

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 13 MEDICATIONS

UNIT 01 MEDICINE TRAY

TERMOB NO. 02-079

1.00 CONDITION

( ) 1.01 PATIENT
( ) 1.02 CORRECTLY PREPARED MEDICINE CARDS
( ) 1.03 PAPER TOWEL
( ) 1.04 MEDICINE GLASSES OR DISPOSABLE CONTAINERS
( ) 1.05 PITCHER OF WATER
( ) 1.06 MINIM GRADUATE
( ) 1.07 MEDICINE DROPPER
( ) 1.08 STRAWS OR GLASS DRINKING TUBES
( ) 1.09 MEDICINE TRAY OR CART
( ) 1.10 MEDICATIONS NECESSARY

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 PREPARE MEDICINE TRAY EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 WASH HANDS
( ) 2.03 CONCENTRATE! THINK OF POURING MEDICINES, NOTHING ELSE
( ) 2.04 MAKE SURE ALL MEDICINE TICKETS/CARDS ARE CORRECT
( ) 2.05 AS MEDICATIONS ARE POURED, ARRANGE THEM ON TRAY
( ) 2.06 ALL TABLETS AND CAPSULES FOR ONE PATIENT SHOULD BE PLACED IN ONE CONTAINER
( ) 2.07 AS BOTTLES ARE REMOVED FROM SHELF, COMPARE LABEL WITH THE MEDICINE CARD; REPEAT THE PROCEDURE BEFORE MEASURING DRUG AND WHEN REPLACING BOTTLE ON SHELF
( ) 2.08 TABLETS AND CAPSULES MAY BE DISPENSED BY USING BOTTLE CAP AND THEN DROPPING DRUG INTO MEDICINE GLASS; IF IT IS NECESSARY TO DIVIDE A TABLET, IT CAN BE CUT WITH A CLEAN AMPULE BLADE
( ) 2.09 POUR LIQUID MEDICATIONS BY REMOVING THE BOTTLE CAP
( ) AND THEN HOLDING IT IN YOUR HAND WHILE POURING - PLACING THUMBNAIL ON THE MARK INDICATING AMOUNT TO BE POURED AND HOLDING THE MEDICINE GLASS OR MINIM GRADUATE AT EYE LEVEL, POURING WITH THE LABELED SIDE OF THE BOTTLE UPPERMOST TO PREVENT SOILING LABEL; ALL MIXTURES SHOULD BE SHAKEN WELL; AFTER POURING THE DRUG, THE LIP OF THE BOTTLE SHOULD BE WIPED CLEAN BEFORE BOTTLE IS RETURNED TO SHELF
( ) 2.10 MEDICATION SHOULD BE PLACED WITH MEDICINE CARD
( ) 2.11 ADMINISTER MEDICINE TRAY

MISOE NO. ____________

PROGRAM	PRACTICAL NURSING	DIVISION	13	MEDICATIONS
USOE CODE NO(S)		UNIT	01	MEDICINE TRAY
		TERMOB NO.		02-079

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 13 MEDICATIONS

UNIT 01 MEDICINE TRAY

TERMOB NO. 02-079 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 EACH PATIENT WILL RECEIVE THE CORRECT QUANTITY OF MEDICATION SPECIFIED ON HIS MEDICINE CARD. INSTRUCTIONS FOLLOWED TO THE APPROVAL OF PANEL OF REGISTERED NURSES WITH EACH STEP OF PROCEDURE JUDGED SATISFACTORY OR UNSATISFACTORY, AND COMPLETED WITHIN 4 HOURS.

( ) 3.02 THOROUGHLY
( ) 3.03 NURSE SHOULD NOT BE SPEAKING OR GIVE OTHER EVIDENCE OF INATTENTION
( ) 3.04 ACCURATELY
( ) 3.05 FOR CONVENIENT DISTRIBUTION
( ) 3.06 ACCURATELY
( ) 3.07 ANY ERRORS DETECTED BY NURSE AND CORRECTED
( ) 3.08 MEDICINE NOT TOUCHED BY HANDS
( ) 3.09 ACCURATELY AND NEATLY
( ) 3.10 AS SOON AS IT IS POURED
( ) 3.11 IMMEDIATELY AFTER ALL HAVE BEEN POURED

MISOE NO.

PROGRAM PRACTICAL NURSING

DIVISION 13 MEDICATIONS

USOE CODE NO(S)

UNIT 01 MEDICINE TRAY

TERMOB NO. 02-079 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 13 MEDICATIONS

UNIT 02 INJECTIONS

TERMOB NO. 02-080

1.00 CONDITION

( ) 1.01 PROPERLY FILLED OUT MEDICINE CARDS
( ) 1.02 STERILE AMPULE OF MEDICINE
( ) 1.03 FILE
( ) 1.04 SPONGE
( ) 1.05 SYRINGE AND NEEDLE AND PLASTIC COVER
( ) 1.06 TRAY
( ) 1.07 RUBBER STOPPERED VIAL CONTAINING DRUG IN SOLUTION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 PREPARE MEDICATION FOR INJECTION FROM STERILE AMPULE EMPLOYING THE FOLLOWING PROCEDURE AND ASEPTIC TECHNIQUE:

( ) 2.02 READ LABEL AND COMPARE CAREFULLY WITH MEDICINE CARD
( ) 2.03 FILE AMPULE NECK IF NECESSARY, AND BREAK OFF AMPULE AT NECK
( ) 2.04 INSERT NEEDLE INTO AMPULE AND WITHDRAW THE REQUIRED AMOUNT OF SOLUTION INTO THE SYRINGE
( ) 2.05 REPLACE PLASTIC COVER OVER NEEDLE
( ) 2.06 COMPARE MEDICINE CARD WITH MEDICATION POURED; PLACE SYRINGE ON TRAY WITH MEDICINE CARD
( ) 2.07 RECHECK LABEL, DISCARD AMPULE

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PROPER MEDICATION ASEPTICALLY PREPARED FOR INJECTION FROM STERILE AMPULE TO THE APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 LABEL AND CARD SHOULD AGREE
( ) 3.03 CLEAN BREAK USING SPONGE
( ) 3.04 CAREFULLY AND ACCURATELY
( ) 3.05 SECURELY
( ) 3.06 CARD AND MEDICATION SHOULD AGREE
( ) 3.07 LABEL SHOULD AGREE

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ________________

DIVISION 13 MEDICATIONS

UNIT 02 INJECTIONS

TERMOB NO. 02-080

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING
DIVISION 13 MEDICATIONS
UNIT 02 INJECTIONS
TERMOB NO. 02-081

1.00 CONDITION

( ) 1.01 PROPERLY FILLED OUT MEDICINE CARDS
( ) 1.02 ALCOHOL SPONGE
( ) 1.03 DRUG IN SOLUTION, IN VIAL
( ) 1.04 SYRINGE AND NEEDLE AND PLASTIC COVER
( ) 1.05 TRAY

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME
( ) 2.01 PREPARE MEDICATION FOR INJECTION FROM DRUG IN SOLUTION EMPLOYING THE FOLLOWING PROCEDURE AND ASEPTIC TECHNIQUE:

( ) 2.02 READ LABEL AND COMPARE CAREFULLY WITH MEDICINE CARD
( ) 2.03 WASH STOPPER
( ) 2.04 FILL SYRINGE WITH PROPER AMOUNT OF AIR
( ) 2.05 INSERT NEEDLE INTO STOPPER AND INVERT BOTTLE, FORCE AIR OUT OF SYRINGE INTO BOTTLE
( ) 2.06 WITHDRAW REQUIRED AMOUNT OF SOLUTION INTO SYRINGE; WITHDRAW NEEDLE AND REPLACE PLASTIC COVER OVER NEEDLE
( ) 2.07 COMPARE MEDICINE CARD WITH MEDICATION POURED AND PLACE SYRINGE ON TRAY WITH MEDICINE CARD
( ) 2.08 RECHECK LABEL

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME
( ) 3.01 PROPER MEDICATION ASEPTICALLY PREPARED FOR INJECTION FROM DRUG IN SOLUTION TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 LABEL AND CARD AGREE
( ) 3.03 THOROUGHLY, WITH ALCOHOL SPONGE
( ) 3.04 ACCURATELY, EQUAL TO AMOUNT OF DRUG TO BE WITHDRAWN
( ) 3.05 ALL AIR FORCED OUT OF SYRINGE
( ) 3.06 ACCURATELY, WITHOUT CONTAMINATING NEEDLE
( ) 3.07 CARD AND LABEL SHOULD AGREE
( ) 3.08 CARD AND LABEL SHOULD AGREE

MISOE NO. ____________________

PROGRAM	PRACTICAL NURSING	DIVISION 13	MEDICATIONS
USOE CODE NO(S)		UNIT 02	INJECTIONS
		TERMOB NO.	02-081

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 13 MEDICATIONS

UNIT 02 INJECTIONS

TERMOB NO. 02-082

1.00 CONDITION

( ) 1.01 PROPERLY FILLED OUT MEDICINE CARDS
( ) 1.02 SYRINGE AND NEEDLE AND PLASTIC COVER
( ) 1.03 TRAY
( ) 1.04 DRUG IN FORM OF A PILL

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 PREPARE MEDICATION FOR INJECTION FROM PILL FOLLOWING ASEPTIC TECHNIQUES AND EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 READ LABEL AND COMPARE CAREFULLY WITH MEDICINE CARD
( ) 2.03 PLACE MEDICATION IN BARREL OF SYRINGE AND INSERT PLUNGER
( ) 2.04 REMOVE REQUIRED AMOUNT OF STERILE WATER FROM VIAL
( ) 2.05 SHAKE SYRINGE
( ) 2.06 REPLACE PLASTIC COVER OVER NEEDLE
( ) 2.07 COMPARE MEDICINE CARD WITH MEDICATION POURED AND PLACE SYRINGE ON TRAY WITH MEDICINE CARD
( ) 2.08 RECHECK LABEL

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PROPER MEDICATION PREPARED FOR INJECTION FROM PILL ASEPTICALLY TO THE APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 LABEL AND CARD AGREE
( ) 3.03 SATISFACTORILY
( ) 3.04 SATISFACTORILY
( ) 3.05 GENTLY, TO AID IN DISSOLVING PILL
( ) 3.06 CAREFULLY
( ) 3.07 ACCURATELY
( ) 3.08 ACCURATELY

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 13 MEDICATIONS

UNIT 02 INJECTIONS

TERMOB NO. 02-082

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 13 MEDICATIONS

UNIT 02 INJECTIONS

TERMOB NO. 02-083

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 STERILE SYRINGE
( ) 1.04 STERILE #25 HYPODERMIC NEEDLE
( ) 1.05 ALCOHOL SPONGES
( ) 1.06 MEDICATION ORDERED
( ) 1.07 MEDICATION CARD AND TRAY
( ) 1.08 KARDEX
( ) 1.09 MEDICATION CARD
( ) 1.10 CHART AND PEN

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 ADMINISTER SUBCUTANEOUS (HYPODERMIC) INJECTION EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 READ KARDEX AND MEDICATION CARD FOR ORDER
( ) 2.03 WASH HANDS AND OBTAIN EQUIPMENT
( ) 2.04 OPEN PACKAGE CONTAINING SYRINGE
( ) 2.05 INSERT PLUNGER INTO BARREL OF SYRINGE IF NECESSARY
( ) 2.06 PLACE NEEDLE ONTO TIP OF SYRINGE
( ) 2.07 PREPARE MEDICATION
( ) 2.08 RECHECK ORDER FOR MEDICATION
( ) 2.09 PLACE SYRINGE ON TRAY; PLACE ALCOHOL SPONGE ON TRAY
( ) 2.10 CARRY TO BEDSIDE, EXPLAIN PROCEDURE TO PATIENT
( ) 2.11 CLEANSE SITE WITH ALCOHOL SPONGE
( ) 2.12 HOLD SYRINGE VERTICALLY AND EXPEL AIR
( ) 2.13 GRASP THE FLESH
( ) 2.14 INSERT NEEDLE THROUGH SKIN, BEVEL UP, WITHDRAW NEEDLE SLIGHTLY AND PULL BACK ON PLUNGER
( ) 2.15 INJECT SOLUTION, RELAXING GRASP ON SKIN
( ) 2.16 HOLD SKIN DOWN ABOVE SITE, REMOVE NEEDLE AND MASSAGE SKIN WITH ALCOHOL SPONGE
( ) 2.17 REMOVE EQUIPMENT FROM UNIT
( ) 2.18 CHART INFORMATION
( ) 2.19 CLEAN EQUIPMENT AND RETURN

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 13 MEDICATIONS

USOE CODE NO(S) ____________

UNIT 02 INJECTIONS

TERMOB NO. 02-083

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 13 MEDICATIONS

UNIT 02 INJECTIONS

TERMOB NO. 02-083 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PROPER MEDICATION INJECTED UNDER SKIN TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 5 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 CORRECT ORDER READ
( ) 3.03 HANDS WASHED THOROUGHLY AND CORRECT EQUIPMENT OBTAINED
( ) 3.04 SYRINGE NOT CONTAMINATED
( ) 3.05 PLUNGER AND TIP OF BARREL NOT CONTAMINATED
( ) 3.06 NEEDLE TIGHTENED BY GRASPING HILT AND MAKING QUARTER TURN
( ) 3.07 MEDICATION PREPARED CORRECTLY
( ) 3.08 NECESSARY SLIPS MADE OUT IF SEDATIVE OR NARCOTIC
( ) 3.09 IN A COMPETENT AND PROFESSIONAL MANNER
( ) 3.10 IN A COMPETENT AND PROFESSIONAL MANNER
( ) 3.11 SITE CLEANSED THOROUGHLY
( ) 3.12 AIR EXPELLED UNTIL FLUID COMES TO POINT OF NEEDLE
( ) 3.13 FLESH FIRMLY GRASPED BETWEEN THUMB AND FIRST FINGER AT SELECTED SITE, DRAWING IT UP AND AWAY FROM BONE
( ) 3.14 NEEDLE INSERTED QUICKLY AT 45° ANGLE; NEEDLE NOT IN BLOOD VESSEL
( ) 3.15 SOLUTION INJECTED SLOWLY
( ) 3.1[illegible] NEEDLE REMOVED QUICKLY
( ) 3.17 ALL EQUIPMENT REMOVED
( ) 3.18 ALL INFORMATION CHARTED CORRECTLY INCLUDING TIME, MEDICATION, AMOUNT, METHOD AND SITE OF INJECTION, AND ANY UNTOWARD REACTIONS
( ) 3.19 CLEAN EQUIPMENT RETURNED TO PROPER PLACE

MISOE NO. ______

PROGRAM	PRACTICAL NURSING	DIVISION 13	MEDICATIONS
USOE CODE NO(S)		UNIT 02	INJECTIONS
		TERMOB NO.	02-083 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 13 MEDICATIONS

UNIT 02 INJECTIONS

TERMOB NO. 02-084

1.00 CONDITION

( ) 1.01 STUDENT
( ) 1.02 PATIENT
( ) 1.03 STERILE SYRINGE
( ) 1.04 STERILE #22 HYPODERMIC NEEDLE
( ) 1.05 ALCOHOL SPONGES
( ) 1.06 MEDICATION ORDERED
( ) 1.07 MEDICATION CARD AND TRAY
( ) 1.08 CHART

2.00 PERFORMANCE

GENERAL STATEMENT OF PEPFORMANCE AND RESULTING OUTCOME
( ) 2.01 ADMINISTER INTRAMUSCULAR INJECTION EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 READ KARDEX AND MEDICATION CARD FOR ORDER
( ) 2.03 WASH HANDS AND OBTAIN EQUIPMENT
( ) 2.04 OPEN PACKAGE CONTAINING SYRINGE
( ) 2.05 INSERT PLUNGER INTO BARREL OF SYRINGE IF NECESSARY
( ) 2.06 PLACE NEEDLE ONTO TIP OF SYRINGE
( ) 2.07 PREPARE MEDICATION
( ) 2.08 RECHECK ORDER FOR MEDICATION
( ) 2.09 PLACE SYRINGE ON TRAY; PLACE ALCOHOL SPONGE ON TRAY
( ) 2.10 CARRY TO BEDSIDE, EXPLAIN PROCEDURE TO PATIENT CAREFULLY
( ) 2.11 CLEANSE SITE ON UPPER OUTER QUADRANT OF EITHER BUTTOCK
( ) 2.12 HOLD SYRINGE VERTICALLY AND EXPEL AIR
( ) 2.13 SPREAD TISSUE AND INJECT NEEDLE
( ) 2.14 WITHDRAW PLUNGER SLIGHTLY TO DETERMINE POSSIBLE PRESENCE OF NEEDLE IN A BLOOD VESSEL
( ) 2.15 INJECT SOLUTION
( ) 2.16 HOLD SKIN DOWN ABOVE SITE, REMOVE NEEDLE AND MASSAGE SKIN WITH ALCOHOL SPONGE
( ) 2.17 REMOVE EQUIPMENT FROM UNIT
( ) 2.18 CHART INFORMATION
( ) 2.19 CLEAN EQUIPMENT AND RETURN

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ______________

DIVISION 13 MEDICATIONS

UNIT 02 INJECTIONS

TERMOB NO. 02-084

1.00 CONDITION

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 13 MEDICATIONS
UNIT 02 INJECTIONS
TERMOB NO. 02-084 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 PROPER MEDICATION INJECTED INTO UPPER OUTER QUADRANT OF BUTTOCK TO APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 10 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 ORDER READ CORRECTLY
( ) 3.03 HANDS WASHED THOROUGHLY AND CORRECT EQUIPMENT OBTAINED
( ) 3.04 SYRINGE NOT CONTAMINATED IN PROCESS
( ) 3.05 PLUNGER AND TIP OF BARREL NOT CONTAMINATED
( ) 3.06 NEEDLE TIGHTENED BY GRASPING HILT AND MAKING QUARTER TURN
( ) 3.07 MEDICATION PREPARED CORRECTLY
( ) 3.08 NECESSARY SLIPS FILLED OUT IF SEDATIVE OR NARCOTIC
( ) 3.09 IN A PROFESSIONAL AND COMPETENT MANNER
( ) 3.10 IN A PROFESSIONAL AND COMPETENT MANNER
( ) 3.11 SITE CHOSEN AND CLEANSED CORRECTLY WITH ALCOHOL SPONGE
( ) 3.12 AIR EXPELLED UNTIL FLUID COMES TO TIP OF NEEDLE
( ) 3.13 SKIN STRETCHED TAUT WITH THUMB AND INDEX FINGER; NEEDLE AT 90° ANGLE TO SKIN
( ) 3.14 IN A PROFESSIONAL AND COMPETENT MANNER
( ) 3.15 SOLUTION INJECTED SLOWLY
( ) 3.16 NEEDLE REMOVED QUICKLY
( ) 3.17 ALL EQUIPMENT REMOVED
( ) 3.18 ALL INFORMATION CHARTED CORRECTLY INCLUDING TIME, MEDICATION, AMOUNT, METHOD AND SITE OF INJECTION, AND ANY UNTOWARD REACTIONS
( ) 3.19 CLEANSED THOROUGHLY AND RETURNED TO PROPER PLACE

MISOE NO. ________________

PROGRAM PRACTICAL NURSING

USOE CODE NO(S) ____________

DIVISION 13 MEDICATIONS

UNIT 02 INJECTIONS

TERMOB NO. 02-084 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

MISOE NO. ______________

PROGRAM PRACTICAL NURSING

DIVISION 14 THE DYING AND THE DEAD

UNIT 01 POST MORTEM CARE

TERMOB NO. 02-085

1.00 CONDITION

( ) 1.01 MEDICAL MANNEQUIN
( ) 1.02 RECENTLY DECEASED PATIENT
( ) 1.03 CHART
( ) 1.04 BATH EQUIPMENT
( ) 1.05 POST MORTEM PACK CONTAINING SHROUD AND THREE IDENTIFICATION TAGS
( ) 1.06 DRESSINGS - P.R.N.

2.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

( ) 2.01 GIVE POST MORTEM CARE EMPLOYING THE FOLLOWING PROCEDURE:

( ) 2.02 UPON DEATH OF A PATIENT, NOTIFY CHARGE NURSE
( ) 2.03 STRAIGHTEN THE BODY, LOWER BACK REST AND ELEVATE HEAD
( ) 2.04 CLOSE EYELIDS; REPLACE DENTURES
( ) 2.05 CHANGE DRESSING WOUND - P.R.N.
( ) 2.06 REMOVE DRAINAGE TUBES, CATHETERS, ETC.
( ) 2.07 BATHE BODY IF SOILED
( ) 2.08 REMOVE ALL JEWELRY AND VALUABLES; LABEL AND SEND TO OFFICE
( ) 2.09 WRITE IDENTIFICATION TAGS
( ) 2.10 PLACE DECEASED ON SHROUD SHEET; ATTACH AN IDENTIFICATION TAG ON GREAT TOE
( ) 2.11 WRAP BODY IN SHEET AND PLACE ONE TAG ON OUTSIDE OF SHROUD
( ) 2.12 WRAP AND TAG CLOTHING TO BE SENT WITH BODY TO MORGUE
( ) 2.13 PLACE BODY ON STRETCHER AND COVER WITH BLANKET; TAKE BODY TO MORGUE
( ) 2.14 IF NO AUTOPSY IS TO BE DONE OR IF BODY IS TO BE TAKEN WITHIN A SHORT TIME, LEAVE ON STRETCHER WITH BLOCK UNDER HEAD; IF AUTOPSY IS TO BE PERFORMED, PLACE BODY ON TABLE WITH BLOCK UNDER HEAD; IF STILLBORN, INFANT OR CHILD OR IF THE BODY IS TO REMAIN FOR AN EXTENDED TIME, PLACE IN REFRIGERATOR
( ) 2.15 COMPLETE THE CHART

MISOE NO.

PROGRAM PRACTICAL NURSING

USOE CODE NO(S)

DIVISION 14 THE DYING AND THE DEAD

UNIT 01 POST MORTEM CARE

TERMOB NO. 02-085

1.00 CONDITION

.00 PERFORMANCE

GENERAL STATEMENT OF PERFORMANCE AND RESULTING OUTCOME

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 14 THE DYING AND THE DEAD

UNIT 01 POST MORTEM CARE

TERMOB NO. 02-085 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

( ) 3.01 BODY AND POSSESSIONS PROPERLY IDENTIFIED AND RESPECTFULLY CARED FOR TO THE APPROVAL OF PANEL OF REGISTERED NURSES. TO BE COMPLETED WITHIN 30 MINUTES WITH EACH STEP OF PROCEDURE JUDGED AS SATISFACTORY OR UNSATISFACTORY.

( ) 3.02 PROMPTLY
( ) 3.03 BODY STRAIGHT; PILLOW UNDER HEAD
( ) 3.04 EYELIDS CLOSED AND DENTURES PLACED CORRECTLY
( ) 3.05 NEATLY
( ) 3.06 ALL TUBES REMOVED
( ) 3.07 RESPECTFULLY
( ) 3.08 ACCURATELY AND THOROUGHLY
( ) 3.09 ACCURATELY AND NEATLY INCLUDING PATIENT'S NAME, ROOM NUMBER, DOCTOR'S NAME, HOSPITAL AND TIME OF DEATH
( ) 3.10 SECURELY
( ) 3.11 SECURELY
( ) 3.12 SECURELY
( ) 3.13 CLOSE DOORS FACING CORRIDOR TO BE PASSED AND OBTAIN ELEVATOR
( ) 3.14 BODY LEFT IN CORRECT PLACE IN MORGUE
( ) 3.15 INFORMATION ACCURATE AND CHARTED CORRECTLY INCLUDING TIME OF DEATH, BY WHOM PRONOUNCED DEAD, ANYTHING UNUSUAL CONNECTED WITH DEATH, POST MORTEM CARE GIVEN, AND SIGNATURE

MISOE NO. ____________

PROGRAM PRACTICAL NURSING

DIVISION 14 THE DYING AND THE DEAD

USOE CODE NO(S) ____________

UNIT 01 POST MORTEM CARE

TERMOB NO. 02-085 (CONT.)

3.00 EXTENT

GENERAL STATEMENT OF EXTENT AND EXTENT OF RESULTING OUTCOME

Table T-4 Additional TERMOB Performance Statements

This form is provided for the addition of TERMOB performance statements to ensure more complete coverage of your program. Please provide a comprehensive performance statement (coded 2.01 on each TERMOB) for each area of deficiency that you have identified.

The performance statement need only be listed identified by the division and unit numbers of the deficient areas; the conditions and extents will be incorporated later.

1. Division__________ Performance Statement__________________________

Unit______________ ____

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2. Division__________ Performance Statement__________________________

Unit______________ ____

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3. Division__________ Performance Statement__________________________

Unit______________ ____

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4. Division__________ Performance Statement__________________________

Unit______________ ____

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5. Division__________ Performance Statement__________________________

Unit______________ ____

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6. Division__________ Performance Statement__________________________

Unit______________ ____

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7. Division Performance Statement

1. Division________ Performance Statement____________________

Unit____________ ____

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2. Division________ Performance Statement____________________

Unit____________ ____

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3. Division________ Performance Statement____________________

Unit____________ ____

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4. Division________ Performance Statement____________________

Unit____________ ____

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5. Division________ Performance Statement____________________

Unit____________ ____

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6. Division________ Performance Statement____________________

Unit____________ ____

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7. Division________ Performance Statement____________________

Unit____________ ____

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Table T-4 (Cont'd) Additional TERMOB Performance Statements

This form is provided for the addition of TERMOB performance statements to ensure more complete coverage of your program. Please provide a comprehensive performance statement (coded 2.01 on each TERMOB) for each area of deficiency that you have identified.

The performance statement need only be listed identified by the division and unit numbers of the deficient areas; the conditions and extents will be incorporated later.

8. Division________ Performance Statement____________________

Unit____________

9. Division________ Performance Statement____________________

Unit____________

10. Division________ Performance Statement____________________

Unit____________

11. Division________ Performance Statement____________________

Unit____________

12. Division________ Performance Statement____________________

Unit____________

13. Division________ Performance Statement____________________

Unit____________

and extents will be incorporated later.

8. Division__________ Performance Statement____________________________

Unit______________ ____

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9. Division__________ Performance Statement____________________________

Unit______________ ____

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10. Division__________ Performance Statement____________________________

Unit______________ ____

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11. Division__________ Performance Statement____________________________

Unit______________ ____

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12. Division__________ Performance Statement____________________________

Unit______________ ____

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13. Division__________ Performance Statement____________________________

Unit______________ ____

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14. Division__________ Performance Statement____________________________

Unit______________ ____

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